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# FIFTY REASONS FOR BEING A HOMŒOPATH



Given by  
J. COMPTON BURNETT, M.D.

*Introduced and Edited by*  
J. ELLIS BARKER  
Editor of *Heal Thyself* ("The Homœopathic World")



It may sound oddly, but it is true, in many cases, that if men had learned less, their way to knowledge would be shorter and easier. It is indeed shorter and easier to proceed from ignorance to knowledge, than from error. They who are in the last must unlearn before they can learn to any good purpose: and the first part of this double task is not, in many respects, the least difficult; for which reason it is seldom undertaken.

BOLINGBROKE.

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## EDITOR'S FOREWORD

Dr. James Compton Burnett, the author of this small, but excellent work, was born in 1840 and he died in 1901, largely owing to overwork, as do so many eminent doctors. He was a great physician, a great medical pioneer and an excellent author and journalist. During his spare moments he wrote nearly thirty small volumes, most of which have been long out of print, and they are highly prized by all interested in the new art of healing. He brilliantly edited the "HOMŒOPATHIC WORLD" from 1879 to 1883.

Burnett was not only one of the most successful homœopathic practitioners who was beloved by a vast number of patients, but he was a great original thinker. More than a century ago Hahnemann employed *Psorinum*, a disease product, long before powerful microscopes and the micro-organisms of disease were known. Walking in his steps, Burnett experimented most successfully with disease products, the so-called nosodes, guided by the fundamental principle of homœopathy that "likes are cured by likes." Orthodox medical men who know no better believe that Dr. Robert Koch, who discovered the bacillus of tuberculosis and who devised Tuberculin in the hope that it would cure that disease, was the first to apply the morbid matter of tuberculosis to curative purposes. That is by no means the case. The credit belongs to Burnett, who employed *Bacillinum*, *Tuberculinum* and numerous other nosodes years before Koch's discovery was made known to the world. If Burnett had been a member of the orthodox profession, honours and titles would have been lavished on him, and his name would be known to every doctor throughout the world.

I hope that this wonderful book, which is a most excellent introduction to homœopathy, will have a very wide sale among doctors and laymen. No medical man can read the "Fifty Reasons for Being a Homœopath" without being deeply moved. This volume should induce numerous physicians and medical students to study the new art of healing which has produced such wonderful results. I hope that the re-publication of Burnett's "Fifty Reasons



for Being a Homœopath " will be followed by the re-issue of many of his other works.

This little book is re-published without any material changes. The task of editing has been restricted to the minimum. Only a few scientific words have been replaced by plainer words, which will be more easily understood by lay readers.

J. ELLIS BARKER.

Albion Lodge,  
Fortis Green,  
London, N.2.

## PREFACE TO FIRST EDITION

THE correspondence in the introduction to the following pages explains the details and scope of this volume of "Fifty Reasons for being a Homœopath." My position in medicine is essentially individualistic nevertheless, and Virchow, in his "*Autoritäten und Schulen*" (*Archiv, V. Band, I. Heft*), says that to which I fully subscribe, viz., "Die Parteigängerei der Schulen lässt sich nur dadurch auflösen, dass man die Einzelnen emanzipirt, dass man ihnen das Recht und die Mittel der Selbstbestimmung gewährt, nicht dadurch, dass man alle in eine einzige Partei, eine einzige Schule, eine einzige Heerde Zusammentreibt."

Primerose wrote against Harvey! Hodiernal Primeroses write against Hahnemann; of Primerose's writing Haller said, "*Subtilitatis satis et cavillarum, experientiorum nihil.*"

No one writes against Harvey now!

J. COMPTON BURNETT.

2 Finsbury Circus,  
London, E.C.,  
January, 1888.

## INTRODUCTION

DINING last January with a very genial M.P., residing, when in town, at Royal Kensington, a fellow guest was Dr. T. A. K . . . , a nephew of mine host, who had just returned from a medical tour on the continent of Europe, during which he had visited Paris, Heidelberg, Vienna, Berlin, and other places of medical interest.

Over the almonds and raisins I slowly became conscious that I had been really entrapped by mine host and patient into dining with him in order that said medical nephew and I might go over the various pathies together ; the uncle being very anxious that his doctor-nephew should come out as a homœopath.

Things went on quietly and smoothly at first, but presently we both waxed warm, I lost my temper, and—did not find it again that evening. Indeed, when I heard the whole body of homœopaths stigmatized as quacks, I did not mend matters by adopting the *tu quoque* line of argument.

The protestations that the obnoxious epithet was not meant to apply personally to me I could not accept, for I affirmed it to be a necessary sequence that if the homœopaths as a body are quacks, it must follow that I—the individual homœopath—must also be the same. Be that as it may, I wound up by saying to Dr. K . . . , “ My dear fellow, your mind is as full of scholastic conceit as an egg is full of meat, and you are therefore a doomed man so far as scientific medicine is concerned ; your cup of knowledge is full, but full of knowledge of the wrong sort ; your knowledge is like those Neapolitan walnuts there, which have been dried in a kiln, and thereby rendered sterile ; plant them and they will not germinate and it is just thus with your scholastic learnings : all you know was first dried in the kiln of the schools, and has been rendered sterile—incapable of germinating. Kiln-dried walnuts have a certain value as food, but they are *dead* ; your knowledge has a certain value as mental food for other students if you like to turn teacher, but it is

scholastically dried up and sterilized. You have no living faith in living physic—so far as the really direct healing of the sick is concerned all your medicine is *dead*, as dead as a door nail.”

“Perhaps so,” retorted Dr. K. “I suppose you mean that yours is the only one true way to medical salvation; that is just like you homœopaths, and let me say that that is the very reason why we regular practitioners do sometimes call homœopaths quacks—there, do not flare up again. I tell you I do not apply the term to you personally.”

“Precisely,” said I, “the old, old story of abuse and slander of the absent, but no *reason*. Why, I could give fifty reasons for being a homœopath, that if not singly at least collectively would convince a stone.”

“Fifty reasons for being a homœopath, my dear doctor, pray let us have them, I have never heard one good reason yet; here, uncle, you go on to bed, I am going to stay up and have these fifty reasons that are going to show me how to cure all the diseases under the sun, including my *morbus scholasticus*, my ‘scholastic conceit,’ and all, of course, in strict accordance with the canting formula, *similia similibus curentur* (turning towards me), my dear doctor, fifty reasons are rather a big dose, even if each one be only a tiny globule!”

By this time I was in the hall, and bade a “Good-night, all!”

But it did not end there; for my “regular” brother at once sat down and rattled off the following, which reached me early the next day:—

DEAR SIR, Referring to your rather boastful statement, made just now at my uncle’s table, that you could give me fifty reasons for being a homœopath, and to your then failing to make it good in a straightforward way, on account, as you alleged, of the lateness of the hour (though it is now only eleven o’clock), I at once write you with the object of giving you an opportunity of stating your fifty reasons. *In limine*, let me say that notwithstanding my “scholastic conceit” (you seem to be very much down on the schools!) and my “Neapolitan walnut sterility” (mental merely, I *hope*!), I only want to get at the *truth*.

Like yourself, I have been educated in the schools (and since you were educated in the schools yourself,

it seems to me that your abuse of them is very ungrateful) ; but I do not start with the presumption that I already know better than my masters, and they have taught me that Hahnemann was an old quack, a braggart, and an ignoramus, and the so-called homœopaths are a set of people with whose methods and manners I have, to put it mildly, no sympathy whatever.

You seem to have a very robust faith in your homœopathy, and I now formally challenge you to come forward with those fifty reasons which you, somewhat braggishly, as I must submit, claim to be able to give.

Yours sincerely,

T. A. K . . .

DR. BURNETT,  
5 Holles Street, W.

Thus runs my reply :

DEAR SIR, It is not FIFTY reasons merely that I could give you for being a homœopath, but FIFTY TIMES FIFTY ! But *ars longa, vita brevis*, and—will you add the rest.

You are well aware that I am a busy person, and so cannot easily spare the time requisite to give my reasons in full, and in a manner that would satisfy a trained mind such as yours.

If you *really* want to get at the truth about Hahnemann and his homœopathy, may I suggest that you study the works of this same Hahnemann and those of a score or two of his more illustrious disciples. The thing has not been done in the dark or in a corner, and you can obtain the works at almost any homœopathic chemist's—there is one close to you in Ebury Street.

Let me beg you particularly to read Dr. Hughes's " Pharmacodynamics " and " Therapeutics " ; Granier's " Conferences upon Homœopathy " ; Dudgeon's Translations of Hahnemann's Writings—in fact, everything written by Dr. Dudgeon and his able coadjutors in the " British Journal of Homœopathy."

And when you have done this, and want still to know some more of the *truth* about Hahnemann, read the various Hahnemannian Orations given of late years by Drs. Dudgeon, Hughes, Pope, Clarke, as also the one by myself, entitled " Ecce Medicus."

And if you further care to know what a grand reality our *Materia Medica* is, pray take a look at " Allen's

Encyclopædia of Pure Materia Medica ” ;—you will find them all and many more in my library, which is at your service, if you are truly a seeker after medical truth as it is in homœopathy.

I shall also be pleased to introduce you to the physicians at the London Homœopathic Hospital, where you can watch the work done.

Believe me, we homœopaths are not what you have been taught to think ; we have no secrets ; we aim, all of us, each according to his ability and in his own way, to advance the true interests of our beneficent art, and our most earnest desire before God and man is to teach all we know to all knowledge-seeking lovers of truth.

I will not mince matters with you : those who tell you that Hahnemann was an ignorant quack, that the homœopaths are quacks, are—well, they say the thing that is not. The word I should like to use would shock you, perhaps ; be it so, you know what I mean. Tell it from the house-tops, and let it shock a callous, leech-ridden, stupid world.

Yours faithfully,

J. C. BURNETT.

Dr. K . . . ,  
*Kensington.*

I then got this :

DEAR SIR, You express yourself in language that is rather stronger than we are accustomed to in the “ schools ” ; but let that pass ; strong language is not argument. With all due respect for you, I think it ill becomes you to reproach the regular profession with being abusive towards the homœopaths, in whom and in whose practice we do not believe ; at least we do not call you *liars*. But as I first used the word quack, I suppose I must put up with “ liar.”

I suggest we do not depart from sober, dispassionate speech, and that, in lieu of abuse, you give me your *fifty reasons for being a homœopath*. You say you could give me “ not merely fifty reasons, but fifty times fifty,” and then you wind up by giving me no reason at all, but references to your literature ! Why, the very mass of your literature is itself a strong reason with me for *not* being a homœopath ! I cannot be all my life at school—

as it is, some think the schools have not had a very desirable effect upon me !

I cannot say like you, that I am a busy person, but I am negotiating for the purchase of a practice in Manchester, or, rather, a partnership, and then I shall be busy enough with all the night drudgery and midwifery, I dare say—but what is one to do ? My uncle insists that I shall go into partnership with an older man, and I must obey, as he finds the money. But this is digressive. I am now only writing to express my obligation to you for your kind offer to let me have all those works from your library. No ; thanks many. I have no inclination to spend my time in perusing all those works, nor indeed any of them.

I am well aware that you homœopaths write an amazing number of books on all conceivable subjects, and I believe you yourself are responsible for some, but I do not want your literature, nor do I feel any inclination to wade through the nauseous laudations of *the* Master (!) by the various Hahnemann Orators (save the mark)—for they all amount to this : there is but one God—homœopathy (no, I beg pardon, Homœopathy, always with a big H !), and Hahnemann is *the* Prophet. Not only do I not want to borrow any of the numerous works you mention from your library, but I do not want long-winded quotations by you from them by way of *reasons* ; of course, with your facile pen you could easily work up fifty quotations from literature as reasons, but these I decline ; I want *your* reasons if you really have them ; that is to say, real, live, practical reasons from your own professional life ; reasons that need not be powerful enough “ to convince a stone, either singly or collectively,” but which shall at least show that you have the reasons you profess to be able to give.

There is altogether too much brag about you homœopaths ; it seems to me that you profess to cure all that the profession declare to be incurable, such as cancer, epilepsy, consumption, and tumours. I believe you even profess to cure cataract with medicines. Well, all I can say is, I should like to see the man who has dissolved a <sup>3</sup>/<sub>4</sub> mile cataract with medicines. I have no hesitation in saying the thing is impossible.

Yours sincerely,

T. A. K

Dr. BURNETT.

Thereupon I replied :

DEAR SIR, You are a little hard upon homœopaths I must say, and upon me in particular ; but for this I have myself to blame for having condescended to discuss with you a subject of which you are so profoundly ignorant, viz., homœopathy. I can only discuss botany with a botanist, zoology with a zoologist ; this you will surely admit. But you seem to think I can discuss homœopathy with you, although you fairly boast of your ignorance of the subject.

I, in a moment of excitement, rashly offered to give Fifty Reasons for Being a Homœopath, and as I understand your position, you pin me fixedly to that offer, and insinuate that if I do not give those reasons it must necessarily be because I cannot. I reiterate that I could give you fifty times fifty, although, perhaps, not all out of my own experience. Nor do I think it fair that you should shut out our literature for the purpose of giving those fifty reasons ; at least you must allow me to quote from my own published works, as in them is already published the cream of what I know and have seen.

And may I ask you, in common fairness, to make at least a preliminary study of the principles of homœopathy in the works I have named or in such others as you may prefer, and then we could proceed with a fair dispassionate study of the various issues which may present themselves for enquiry.

What is the use of sneering at our reported cures of cancer, epilepsy, consumption, cataract, and tumours ; at least they show that WE DO TRY to cure them, which is more than your school does. For instance, I have myself over and over again maintained the curability of some of these diseased states by remedies, but how could I discuss the subjects with you when you do not know the merest elements of our method ? To understand what I say you must be familiar not only with Homœopathic Propædeutics, but also with what I would call the *Penetrabilia Homœopathica*, but you entirely lack the patience and perseverance necessary hereto, and I doubt whether you have the real love of the truth for her own sake in you. " Seek and ye shall find " is true here also, but *you must seek first*, which is just what you refuse to do, and yet you expect to find.

You claim to be "regular"—but "regular" what?

You claim the right to ridicule and condemn cases reported by eminent homœopathic practitioners--on what principle or ground? Were you there? Did you see the cases? You know nothing of homœopathy, you have never tried it, and yet you claim the right of judgment upon homœopathic work. You live under a chronic delusion: when you say you do not believe this or that homœopathic cure, what you really say is this: I, with my regular practice, cannot cure such cases; my professors cannot; we agree they cannot be cured at all, *therefore* these pretended cures of the homœopaths are not real. In other words, you cannot cut a piece of cloth with a steel key, and it therefore follows that I cannot cut it with steel scissors, because both key and scissors are made of steel. You say steel cannot cut it; I say it can; and when we come to enquire into the matter, it is found that you mean a steel key, whereas I mean steel scissors.

If you want roasted pigeon for dinner you must procure the pigeon and roast it; it will not fall ready roasted into your mouth.

Will you at least take in the *Monthly Homœopathic Review*, the *Homœopathic World*, and the *Hahnemannian Monthly*, for—say—one year? and then we will resume the subject.

What would you say if your gardener were to put in his seed without getting rid of the weeds and preparing the ground? So here: I want you to root out the weeds of scholastic prejudice and prepare your mental ground at least in some small measure, or I shall only sow good seed that either by reason of the unprepared soil will not spring up at all, or else will struggle in vain with the weeds of conceit, ignorance and prejudice.

Come, friend; fair play, even for hated and despised homœopathy.

Yours truly,  
J. C. BURNETT.

Dr. K.

Dr. K. next wrote:

DEAR SIR, I am writing this from Manchester, as you see, where I have now entered upon the partnership, which I previously mentioned to you. This will explain



the delay in writing in reply to your last communication. I have spoken to my partner about our discussion and your still-to-be-given fifty reasons for being a homœopath, and what do you think he says? He says, "It is all rot!" In which crude, vulgar dictum I am disposed to concur, though I mean no offence to you, as I know *you* believe in the theories you advance. And I admit a certain justice in your demand that I should study homœopathy before proceeding to discuss it; but then you will note that *I do not pretend to discuss it*, or if I did I here renounce any such pretension, and I will merely say—give me your promised fifty reasons. And you will not teach me because I am, forsooth, ignorant. I should have thought that were an additional reason for giving me instruction. I am as desirous as anyone to know the truth, though I am not exactly an enthusiast, but I must push on with my practice, as I am shortly to be married.

I condemn homœopathy without knowing anything about it, you say. Be it so; but you must remember that I have the same authority for all I know of medicine, viz., that of my teachers at the University of Cambridge, who not only taught me all I know of medicine, but they also taught me to condemn Hahnemann and homœopathy. I cannot follow you into all the issues which you raise, but will at once come from the abstract to the concrete—Will you or will you not give me *your* fifty reasons for being a homœopath? I do not care whether your reasons have ever been published or not, provided they be your own, and not got together out of everybody's books; but they must be as you originally said at my uncle's house—I remember your promise quite well in substance: You said you could give me fifty reasons for being a homœopath out of your own lifework and professional experience. To this I certainly do pin you, or you must come down the tree.

Yours sincerely,

T. A. K. . . .

Dr. BURNETT.

My final consent ran thus:

DEAR SIR, Inasmuch as I said that I could give you fifty reasons for being a homœopath, and you insist upon keeping me to it or "come down the tree," I must submit

as even an army does, to *force majeure*, and so I will make a beginning the first spare moment.

As I cannot possibly give them all at once, I propose to divide them into as many parts as there are reasons to be given.

You must please keep in mind that I do not allow you any right whatever of reply or discussion, as you will not first study the subject, and I cannot admit that even a "regular" practitioner can know a thing without learning it. I shall write to you *en maitre*. You *will* have MY fifty reasons ; very good, you *shall* have them—every one of them, if I live.

Yours truly,

J. C. BURNETT.

Dr. T. A. K.

*Note.*—Not a few of my colleagues have objected to the prominence herein given to the personality of the writer : how was I to avoid this in a *personal* narrative ?

soon as the primary sore had been compelled to heal up, there appeared on the right tonsil a sore that could not be distinguished from the ordinary hard chancre, and proved very rebellious to treatment—in fact, it is still going on.

But syphilis does not lend itself so well to demonstrate my point, though my own mind is quite made up in regard to its phenomena and cure. I have thought that chronic tubercular processes might be better adapted for my purpose, so before we enter any further into the questions that here concern us, we might, with advantage, inquire whether the mode of progress of certain tubercular processes is centrifugal or

# FIFTY REASONS FOR BEING A HOMŒOPATH

## I.

A NUMBER of years ago, on a dull, dreary afternoon, which I had partly occupied at B— Hospital with writing death certificates, I suddenly rose and felt something come over me for the fiftieth time at that period. I hardly knew what, but it grew essentially out of my unsatisfactory clinical results. I had been an enthusiastic student of medicine originally, but an arrantly sceptic professor quite knocked the bottom out of all my faith in physic and overmuch hospital work and responsibilities, grave beyond my age and experience, had squeezed a good deal of the enthusiasm out of me. After pacing up and down the surgery, I threw myself back into my chair and dreamily thought myself back to the green fields and the early bird's-nesting and fishing days of my childhood. Just then a corpse was carried by the surgery window, and I turned to the old dispenser and enquired in a petulant tone, "Tim, who's that dead now?" "Little Georgie, Sir."

Now little Georgie was a waif who belonged to nobody, and we had liked him and had kept him about in odd beds, as one might keep a pet animal. Everybody liked little Georgie; the most hardened old pauper would do him a good turn, and no one was ever more truly regretted than he.

It all came about in this way: One day I wanted a bed for an acute case, and I ordered little Georgie out of his bed in a warm, snug corner to another that was in front of a cold window; he went to it, caught cold, had pleurisy, and Tim's reply gives the result.

Said I to myself: If I could only have stopped the initial fever that followed the chill by the window, Georgie had probably lived. But three medical men besides myself had treated Georgie—all in unison—and all hospital men; still pleurisy followed the febricula, dropsy

followed the pleurisy, and poor little Georgie died. Old Tim was a hardened man and I never saw him show any feeling or sentiment of any kind, or regret anybody's death, but I verily believe he was very near dropping just one wee tear over Georgie's memory, for I noticed that his attention was needlessly and unwontedly fixed on the surface of the bottles he was washing. Be that as it may, Georgie was no more, and I FELT SURE THAT HE NEED NOT HAVE DIED, and this consciousness nearly pressed me down into the earth.

That evening a medical friend from the Royal Infirmary turned up to dinner with me, and I told him of my trouble, and of my half determination to go to America and turn farmer: at least I should be able to lead a wholesome natural life.

He persuaded me to study homœopathy first, and refute it, or, if apparently true, to try it in the hospital.

After many doubts and fears—very much as if I were contemplating a crime—I procured Hughes's *Pharmacodynamics* and *Therapeutics*, which my friend said were a good introduction to homœopathy.

I mastered their main points in a week or two, and came from a consideration of these to the conclusion either that homœopathy was a very grand thing indeed, or this Dr. Hughes must be a very big . . . No, the word is unparliamentary. You don't like the word? Well, I do, it expresses my meaning to a T; on such an important subject there is for me no middle way. It must be either good clear God's truth, or black lying. A fool the man could not possibly be, since it would be quite impossible for a fool to write the books. And as he seemed to speak so eloquently from a noble soul, it lifted me right out of the slough of despond—for a little while, but then came a reaction; had I not often tried vaunted specifics and plans of treatment, and been direfully disappointed? So my old skepsis took possession of me. "What," said I, "can such things be?" No, impossible. I had been nurtured in the schools, and had there been taught by good men and true that homœopathy was therapeutic Nihilism. No, I could not be a homœopath; I would try the thing at the bedside, prove it to be a lying sham, and expose it to an admiring profession!

I was full of febricula on account of Georgie's fate, so studied the say of the homœopaths thereon, and found

that they claimed to cut short simple fever with *Aconite*. Ah, thought I, if that be true, *Aconite* would have saved little Georgie if given in time at the very onset.

Well, feverish colds and chills were common enough just then, and I had, moreover, a ward where children thus taken ill were put till their diseases had declared themselves, and then they were drafted off to the various wards, for that purpose provided, with pneumonia, pleurisy, rheumatism, gastritis, measles, as the case might be.

I had some of Fleming's *Tincture of Aconite* in my surgery, and of this I put a few drops into a large bottle of water and gave it to the nurse of said children's ward, with instructions to administer of it to all the cases on the one side of the ward as soon as they were brought in. Those on the other side were not to have the *Aconitic* solution, but were to be treated in the authorized orthodox way, as was theretofore customary. At my next morning visit I found nearly all the youngsters on the *Aconite* side feverless, and mostly at play in their beds. But one had the measles, and had to be sent to the proper ward. I found *Aconite* did not cure measles. The others remained a day or two, and were then returned whence they had originally come.

Those on the non-*Aconite* orthodox side were worse, or about the same and had to be sent into hospital—mostly with localized inflammations, or catarrhs, measles, etc.

And so it went on day after day, day after day: those that got *Aconite* were generally convalescent in twenty-four or forty-eight hours, except in the comparatively seldom cases where the seemingly simple chill was the prodromal stage of a specific disease such as measles, scarlatina, rheumatic fever: these were barely influenced by the *Aconite*. But the great bulk of the cases were all genuine chills, and the *Aconite* cured the greater part right off, though the little folks were usually pale, and had perspired, as I subsequently learned, needlessly much.

I had told the nurse nothing about the contents of my big bottle, but she soon baptized it "Dr. Burnett's Fever Bottle."

For a little while I was simply dumbfounded, and I spent much of my nights studying homœopathy: I had no time during the day.

One day I was unable to go my usual rounds through the wards; in fact I think I was absent two days—from

Saturday till Tuesday—and on entering the said children's ward the next time in the early morning, the nurse seemed rather quiet, and informed me, with a certain forced dutifulness that *all* the cases might, she thought, be dismissed.

"Indeed," said I, "how's that?"

"Well, doctor, as you did not come round on Sunday and yesterday, I gave your fever medicine to them all; and, indeed, I had not the heart to see you go on with your cruel experiments any longer: you are like all the young doctors that come here—you are only trying experiments!"

I merely said "Very well, nurse; give the medicine in future to all that come in." This was done till I left the place, and the result of this *Aconite* medication for chills and febricula was usually rapid defervescence, followed by convalescence. But when the stomach was much involved, I at times found the *Aconite* useless, unless vomiting occurred, and so in such cases I administered a mild emetic, whereupon defervescence at once set in, and, though a homœopath now for a good many years, I still think a mild emetic the right treatment when the stomach is laden and cannot unburden itself by natural vomit.

But still this is only by the way: I enter into all these preliminary, incidental and concomitant circumstances merely to put you on the same ground whereon I myself stand; they are not essential, for they only lead to this: *Aconitum in febricula was, and is, my first reason for being a homœopath.*

Have you as good a reason for being a "regular?"

## II.

Ah! my good fellow, I thought you would say that you also use *Aconite* for fever, and that therefore it is not necessarily homœopathy. But do you not know of a certain French gentleman who spoke prose all his life without knowing it?

A man that gives *Aconite* for febricula is a homœopath *malgré lui*. But to my second reason.

When I was a lad I had pleurisy of the left side, and, with the help of a village apothecary, and half-a-hogshead of mixture, nearly died, though not quite. From that time on I had a dull, uneasy sensation in my side, about which I consulted many eminent physicians in various parts of Europe, but no one could help me. All agreed

that it was an old adhesive something between the visceral and costal layers of the pleura, *but no one of my many eminent advisers could cure it.* And yet my faith in them was big enough to remove mountains. So faith as a remedy did no good.

When orthodox medicine proved unhelpful, I went to the hydropaths (they were called "quacks" then!) and had it hot, and cold, and long; but they also did me no good. Packs cold, and the reverse; cold compresses worn for months together; sleeping in wet sheets; no end of sweatings—Turkish and Russian—all left my old pleuritic trouble *in statu quo ante*.

The grape cure; the bread-and-wine cure, did no better. Nor did diet and change help me.

However, when I was studying what the peculiar people called homœopaths have to say about their *Bryonia alba*, and its affinity for serous membranes, I—what?—abused them and called them quacks? No!—I bought some *Bryonia alba*, and took it as they recommended, and in a fortnight my side was well, and has never troubled me since!

There, friend, that is my second reason for being a homœopath, and when I cease to be grateful to dear old Hahnemann for his *Bryonia*, may my old pleural trouble return to remind me of the truth of his teaching.

What you and the world in general may think of it I care not one straw: I speak well of the bridge that carried me over.

For my part, I make but one demand of medicine, and one only, viz., *that it shall cure!* The pathy that will cure is the pathy for me. For of your fairest pathy I can but say—

What care I how fair she be,  
If she be not fair to *me*?

You can have what opinion you like of my old pleuritis affection: I had the wretched thing till I took *Bryonia*, and I have never had it since. Myself, I am sweetly content with my second reason for being a homœopath. I never said the remedy was first used by the homœopaths; that is not of the essence of my proposition.



Since going over into the homœopathic camp, I have often had to treat pleurisy: that you will not find it difficult to believe. *Aconite* and *Bryonia* are the big guns of the homœopaths for pleurisy, but I will remark, as the outcome of my own experience, that it is only in what I would call

#### PLEURITIS RHEUMATICA

that they really hit the mark. Let me relate such a case to you as my third reason for being a homœopath.

Some years since I was suddenly summoned to the suburban house of a city merchant, who had caught a chill two evenings before on returning from a political meeting. When I arrived, an exquisite case of pleurisy, *pleuritis rheumatica*, presented itself.

The gentleman's wife informed me that she was much exercised in her mind, as many friends had strongly urged her not to have homœopathy in such a serious case. All very well, said they, perhaps, for women and children, but she surely was not going to risk her dear husband's life in the hands of a homœopathic practitioner? No, she would have Dr. X., who lived near by. But though, as a rule, *L'homme propose et la femme dispose*, in this case it was the other way about. The husband flatly refused any other than homœopathic treatment, and hence my presence. He was in a raging fever and much pain, and merely moaned, "Doctor, give me relief from this pain, and procure me some sleep."

I gave *Aconite* and *Bryonia*—strong.

Next day he was already a little round the corner, and not in much pain, unless he incautiously turned. "Doctor," said he, "my friend Mr. — in — road over yonder, has, I am told, something of the same thing as I have, only more in the shoulder, and he has sent to me to beg me to give you up, and have his medical man, who lives near by, and who is considered a very clever man—what am I to say?" I replied, "Tell him from me that I shall have you well in your city office in a few days at work, and that on your way home from the city you may call, and you will *still find HIM ill*, and then you can tell him your experience, and compare notes!"

And so it happened, in a few days—I do not remember the exact number—my patient went to his city office,

did a small amount of work, and on returning home called on or sent to his said friend, who was still in great pain, and remained so for some time.

## IV

Your note would infer that I was not dealing in my last letter with a case of true pleurisy.

Given a man who had pleurisy himself twice ; who laboured twelve weeks in bed therewith ; who went about all his student life with a painful sequel of pleurisy ; who read all he could find in literature on pleurisy ; who listened to lectures by Skoda on pleurisy for weeks together with personal interest ; who saw scores of cases of pleurisy while walking the hospitals ; who was, as it happened, examined at his " final " on pleurisy ; and who, in his own subsequent practice, has treated very many cases of pleurisy—I am that man !

Well, now I must give you my fourth reason for being a homœopath. The gentleman referred to in my last letter (my patient's friend), after he got over his acute sufferings went to a specialist for gout, but was still so stiffened in his shoulder and side that he was not able to do his office duty, and after remaining faithfully under his own doctor for a further period and still not getting well, finally—What ? Came to me ! And what next ? *Bryonia alba*, *Chelidonium majus*, and *Sulphur*, cured him in a few weeks.

It seems to me that *Aconite* and *Bryonia* alone, if well studied and rightly used, would convert the whole world to homœopathy, at least I see no escape for any honest unprejudiced man.

But prejudice is well-nigh almighty. As Bolingbroke says " It may sound oddly, but it is true, in many cases, that if men had learned less, their way to knowledge would be shorter and easier. It is, indeed, shorter and easier to proceed from ignorance to knowledge than from error. They who are in the last must unlearn before they can learn to any good purpose ; and the first part of this double task is not in many respects the least difficult, for which reason it is seldom undertaken."

Did you understand anything about homœopathy I would explain to you why I gave the *Bryonia*, why it was

followed by *Chelidonium*, and why *Sulphur* had to be interposed; as you are, however, ignorant, you must take it empirically.

## V

I leave you to study the wider therapeutic bearings of *Aconite* in common feverishness and as a preventive of inflammatory localizings, and also the specific elective affinity of the white *Bryonia* for the serous membranes, as exemplified in my own case, as well as in the other two; I did not promise you didactic lectures on the various points I bring forward, but only my Fifty Reasons. So now for my fifth: it is this—Homœopathy lifts me at one stroke from the dependent position of a groping journeyman healer of disease to the proud position of a master of the healing art. Let me exemplify by quoting almost in full a case I once published, under this heading:—

#### ON THE USE OF CHLORAL HYDRATE, IN LETHARGIC SOMNOLENCY.

Those who have watched *old* chloral-eaters may have noticed that they slowly get lethargic, somnolent, and listless. Towards the end of the chapter of chronic chloralism there is a condition of fatty degeneration of a slow, lazy type, and the very mode of death seems peculiar. I have seen a case where the subject of chronic chloralism lay for days a-dying; she was for several days so that it was very difficult to determine whether she was dead or not.

Occasionally one comes across a remarkable case of somnolence, and then the narcotics are to be thought of by the therapist.

I will shortly relate two such cases from my own practice.

No. 1. A lady about forty-five years of age, stout, fresh-looking, and the mother of a family, was the subject of remark of her friends, on account of her lethargy and sleepiness. Her weakness was such that even crossing the street was almost impossible; the weakness was peculiarly lethargic, a kind of listless heaviness. She was almost constantly asleep; she would get up in the

morning after a good night's rest and, even while dressing, she seemed compelled to sit down, and no sooner seated but she would fall asleep. This state of things went on for weeks and months, and her allopathic adviser did his best in vain. After she came under my care I tried first *Arnica* and then *Opium*, with but indifferent success, when all at once I bethought me of the great similarity of the case before me to that of a confirmed old chloral-eater of my clientele.

*Chloral* in a low dilution cured my patient, and she again became brisk, active and wide awake.

No. 2. An elderly lady came under my care on April 21st, 1881, for lethargy, languor, and somnolence.

R. Trit. 2x *Chloral hydrat.*, 6 grains in water every three hours.

May 7th. Under this date I find these notes in my case book:—"Feels a different creature; vastly improved; less lethargic, and decidedly less languid."

She then got the third decimal trituration, in lieu of the second, and only two doses a day, and then needed no further treatment, as she subsequently informed me when calling with her husband.

Now you can see what I mean: I had before me cases that would not readily fit into any nosological *cadre*, and yet I was enabled to treat the case *en maitre*. This is therapeutic independence which I love, and affords, as I submit, a very sound reason indeed for being a homœopath.

Had I not so many more reasons to give I should very much like to dilate on this transcendental advantage of Homœopathy: its law is a guide in the darkest disease; of this more in my next.

## VI

What I mean in my fifth reason requires to be insisted upon a little more, that you may perceive my meaning the more clearly. I said Homœopathy raises one from the dependent position of a journeyman therapist to that of a master.

*E.g.*—Some years since, as you may perhaps know, a drug called *Cundurango* came up in your school as a cure for cancer, much as *Chian turpentine* did subsequently,

and, like it, had its little day, and then passed out of sight.

*Cundurango*, thought I, will certainly only cure one variety of cancer, not all. How are we to know which? The clinical records of *Cundurango* showed that it really has genuine curative power over some cases of cancer, particularly of the stomach. Hahnemann taught that the true way to define the curative sphere of a drug is to give it to healthy people, to see what it would do to them.

I procured some of the *Cundurango* bark, made an infusion, and drank quantities of it. You will find my report on the subject in Allen's *Encyclopædia of Pure Materia Medica*. Well, I found that it causes (*inter alia*) cracks in the angles of the mouth.

Subsequently I had to treat a case of cancer of the left breast in a middle-aged woman, but patient had also a deep crack in the angle of her mouth on the left side, with thick indurated edges, probably of an epitheliomatous nature. I think you would have agreed with the diagnosis had you seen the case. I therefore reasoned thus:—We know empirically that *Cundurango* can cure some cases of cancer; I now know from the direct experiment on myself that it causes the angles of the mouth to crack; the homœopaths maintain that likes cure likes, *ergo*, *Cundurango* ought to be the curative agent in this case.

The patient took a homœopathic preparation of the remedy steadily for about three years, with gradual, slow amelioration, and eventual perfect cure. Since then eight years have elapsed, and she is still in excellent health. I think it must be manifest that, had it not been for Homœopathy, this cure could not have been wrought, and patient must long since have died of the dire disease.

Therefore, please accept this as my sixth reason for being a homœopath. And, learned brother, what a proud position, too! Of course it is not "regular". Alas! that it is *not*.

## VII

This shall also be in further elucidation of my contention that Homœopathy turns the groping, bungling treater of disease into a master of the healing art.

Ever since the year 1878 I have been in the habit of using *Vanadium* as a remedy in a class of cases that, outside of Homœopathy, you cannot touch—I mean in certain cases of atheroma of the arteries, and fatty degeneration. I had been in the habit of using *Phosphorus*, *Antimony*, *Arsenic*, and the like, but was not satisfied with my result in certain cases: nothing satisfies me but a cure. So I went further afield, and thought I had found what I wanted in *Vanadium*, whose physiological effects I studied in the *Proceedings of the Royal Society*. I got the differential points from an article in the *Journal of Physiology* by Mr. G. F. Dowdeswell entitled “On the Structural Changes which are Produced in the Liver under the Influence of the Salts of Vanadium.” In a word, let me say that it consists in true cell destruction, the pigment escaping, the liver being hit hardest. I had a case on hand of fatty liver, atheroma of the arteries, much pain corresponding to the course of the basilar artery, large deeply pigmented patches on forehead, profound adynamia, and so forth.

Well, my patient was then over seventy, and was very clearly breaking up and going to pass the big bourne whence no man returneth. Thanks to the use of *Vanadium* (I used the soluble ammonium salt) in homœopathic preparation, chosen according to the homœopathic law, that lady got quite well, and remains so, being now hard upon eighty years of age, and hale and hearty.

This is what I call being a master of the art of healing, and that you may truly realize the entire independence of my proceeding, I may tell you that thus far *Vanadium* (so far as I know) has never even now been used in medicine at all, except by myself.

Of course, as you are a “regular”, you would not so far have forgotten your dignity as to go in quest of a remedy for your case, holding on humbly and hopefully to the Hahnemannian law.

Please allow the now by me clinically proved homœopathicity of *Vanadium* to a certain form of fatty decay stand as my seventh reason for being a homœopath.

My other *Vanadium* cases I will not trouble you with—they only prove the same point; besides, I have still forty-three reasons to give you.

## VIII

A lady living not far from your uncle's, in Kensington, came to me on June 5th, 1882, with a sore, gnawing pain in her left side, the pain being at times sharp and darting, and seated just under the ribs, in the region of the spleen. *worse* at night when she got warm in bed. Concomitantly herewith the left eye is involved; its *puncta lachrymalia* are very red. This is a comparatively simple case of disease, yet withal very painful, and patient came to me *to be cured*. I am sure as a "regular" this case would completely baffle anyone. Without a scientific law to guide you, you would not be able to tackle the case curatively at all. It offered no particular difficulty to me, and I cured it with an essence of the common European walnut! Fancy the walnut tree for such a case! We call it *Juglans regia*, and I gave five drops of the first centesimal dilution in water three times a day. Would you like to know the scientific why of this case? Only Homeopathy and the mundane doings of the late Clotar Müller can tell you.

Here again, you see how the law of similars gives executive potentiality to one's knowledge of drug physiology and, moreover, affords me my eighth reason for *not* being a "regular".

## IX

You object to my "jeering, offensive tone". May I remind you, my "regular" friend, that you began the "jeering"? At your uncle's you plumed yourself upon being a "regular", and thought you were looking down from a mighty height upon the homœopaths! You insisted upon having my fifty reasons, and I am sending them as fast as I can, and if I parenthetically do a little jeering, you will please remember that I have the most absolutely unspeakable contempt for your ignorance, from the top of which you had the brazen effrontery to call the homœopaths quacks! You, the grossly ignorant, prejudiced "regular", call flippantly upon me to justify my professional position. When I speak of your ignorance I mean your ignorance of the art of healing; of other kinds of knowledge I know you are full.

I have given you a case of pain in the left hypochondrium cured by *Juglans regia*; not many weeks after that case was cured, as stated, a young lady came to consult me in regard to a very similar pain, but hers was of the *right* side, at the bottom of the right lung. She had had it for three months, and was pulled down by it a good deal, having become weak and anæmic.

*Chelidonium majus* 1, five drops in water night and morning, cured it specifically in just a fortnight. I should like to discuss with you the reason why I gave *Juglans regia* in the one case of pain in the one side, and *Chelidonium majus* in the other; but I have not the time, so this must end my account of my ninth reason.

## X

You are quite mistaken in saying that what rendered me, after my "manner of speech", a master of the healing art, is limited in its application. That is just what it is *not*, else where is the mastership? Getting a firm grip of the homœopathic law affords me a *guide under almost all circumstances*. Let me further exemplify my meaning by adducing a case of—

### CHRONIC HICCOUGH

To begin with, if you have no experience with really bad cases of hiccough, ask your older partner, and he will tell you that they are very troublesome at times, and by no means easy to cure. And hiccough is again one of those cases that do not fit easily into any nosological system.

In the early part of 1883, a young lady was brought to me suffering from a number of morbid symptoms, the most promising of which was *Singultus* (hiccough). She would get it in attacks lasting about half an hour each, and of these there were generally four a day. In view of the concomitants—emansation of the menses, leucorrhœa, thirst, much saliva in the mouth—I considered that the hiccough was reflected from the uterus. You know something of the views I hold on vaccination and the theory of vaccinosis, which I have elsewhere sought to establish and defend. Well, I proceeded on these lines and gave *Thuja*, but it did no good. I followed with *Sepia*, which is a classic remedy with the homœopaths for



leucorrhœa, but it also did not help. What did I do? I went to the law of Homœopathy and to the prophet Hahnemann! Now my patient was *thirsty*; her *tongue was coated*; she had *nausea*; her *mouth filled with fluid*; she had *headache*; she *yawned* a good deal; she had *hiccough*; she complained of great *weakness*, and of *fatigue in all her limbs*; and altogether her symptoms were very much like those of *Cyclamen*, as given in Hahnemann's *Materia Medica Pura*, and THEREFORE if the old seer's notion of similitudes was worth anything, *Cyclamen* ought to cure my patient, and so it did. The third decimal nearly cured her, but not quite; and so I went down to the second decimal when the menses appeared. But the second decimal dilution did not seem to act so well as the previously used third, and hence I harked back to the third. Then, as the hiccough was *not quite* well, I went down to the first decimal, and then for the same reason shot up to the thirtieth centesimal, when—repeat it only in a whisper to your friends—no more remedies were needed for the hiccough! So please accept as my tenth reason for being a homœopath the fact that *with its aid I can cure hiccough safely and pleasantly*: this time the cure was wrought with *Cyclamen*.

I would fain beg you to allow me to give you as my eleventh reason for being a homœopath also a most singular case of hiccough. It has already been published in my *Natrum muriaticum*, whence I will transcribe it.

OBS. XI. A clergyman's wife of about 50 years of age consulted me on February 20th, 1878, complaining of severe dyspepsia with other symptoms of *Natrum muriaticum*. My visit was a hurried one, so I did not enter very fully into the case. *Nat. mur.*, 6 trit., vj. grains in water twice a day was the prescription; it cured in three days these symptoms: "*Hiccough* occurring morning, noon and night for at least ten years, which was brought on by quinine; it was not a hiccough that made much noise, but shook the body to the ground; it used to last about ten minutes, and was very distressing."

"How do you know that the hiccough was really produced by quinine?" I enquired. She answered:

"At three separate times in my life I have taken quinine for tic of the right side of my face, and I got hiccough each time; the first and second time it gradually went off, but the third time it did not; when the late Dr. Hynde prescribed it I said, do not give me quinine as it always gives me hiccough, but he would give it to me; I took it, and it gave me the hiccough, which lasted until I took your powders; it is more than ten years ago since I took the quinine."

The cure of the hiccough has proved permanent.

This patient is a most truthful Christian woman, and her statement is beyond question.

She has been a homœopath for many years, and my patient off and on for more than three years, during which time I have had to treat her for chronic sore throat, vertigo, palpitation, and at one time for great depression of spirits.

She had also previously mentioned her hiccough incidentally, but I had forgotten all about it, and on this occasion she did not even mention it; so far as the hiccough goes the cure was . . . a pure fluke! But it set me a-thinking about the Hahnemannian doctrine of drug dynamization for the thousandth time, and has seriously shaken my *disbelief* in it.

Hiccough is a known effect of *Chininum sulfuricum*: Allen's *Encyclopædia*, Vol. III, p. 226, symptoms 370 and 379.

We note from this case that :

1. The effects of quinine, given for Tic in medicinal doses to a lady, may last for more than ten years; that :

2. *Natrum muriaticum* in the sixth trituration antidotes this effect of quinine, while :

3. The same substance in its ordinary form, viz., common salt, does *not* antidote it even when taken daily in various quantities and in various forms for ten years. Inasmuch, then, as the crude substance fails to do what the triturated substance promptly effects, it follows, therefore, that :

4. *Trituration* does so alter a substance that it thereby acquires a totally new power, and consequently that :

5. The Hahnemannian doctrine of drug dynamization is no myth, but a fact in Nature capable of scientific experimental proof, and, inasmuch as the crude substance was taken daily for many years in almost every

pleasantly and safely. More than a safe and pleasant cure I ask of no system of medicine. But let me pass to my thirteenth reason, viz. :

#### CURE OF APHONIA BY *Arnica*.

A well-known soprano singer came to me with aphonia : the throat was what is commonly called follicular and congested. You may have heard that the homœopaths think a good deal of *Arnica* for the ill effect of bruises, hurts, sprains, and the like ; in fact, for trauma in general. Well, after using numerous remedies in vain, it slowly became manifest to me that the *aphonia* in question was from an overstrained state of the vocal chords. Moreover, patient had a small pustule on the nape, and mattery pimples on the skin.

*Arnica* cured the case, affording in its physiological action symptoms similar to it.

You will perhaps say that this *aphonia* case is also not a mortal malady. Will you once for all disabuse your mind of the very vulgar professional and popular error, according to which the homœopaths are said to claim to cure the incurable ! Just note, at least for *your own information*, that the homœopaths make no such claim ; what they say is this : homœopathy cures what can be cured *much better* than any other system of medicine hitherto made known to the world. The homœopaths do *not* maintain that other systems are valueless, or that the homœopathic system is faultless, only that thus far in the art-treatment of disease by remedies, homœopathy, by very long odds, beats all the records. Do you see ?

Be that as it may, I trust that curing an old case of singer's aphonia with *Arnica* is a fairly sound reason for being a homœopath ; any way it is my *thirteenth*.

P.S.—When I say that homœopathy does not claim to cure the incurable, that leaves the question of curability an open one ; homœopathy does *not* accept anything as incurable because certain physicians who are "regular" declare it to be so. Incapacity to cure does not render the uncured incurable. Kindly take a mental note of this, because what you "regulars" consider incurable may, or may not, be so considered by the homœopaths. My old pleuritis trouble was declared and proved to be incurable by and for the entire faculty, and yet the *Bryonia alba* of the homœopaths cured it !

## XIV

You "do not believe that *Arnica* is any good for injuries and, moreover, it is a poisonous drug, causing very dangerous, or, at least, very severe, erysipelas". I have nothing to do with your beliefs: clinical facts are what I am concerned with. I cured an old case of *aphonia* with *Arnica*, and an account of that I have sent you as my thirteenth reason for being a homœopath. Whether you believe in the anti-traumatic virtues of *Arnica* or not is your affair: I fearlessly affirm that your scepticism would not have cured it, anyhow.

Further, I did not deny that *Arnica* causes very severe and even dangerous erysipelas. Indeed, I know it well, and have seen it, and out of your own mouth will I take my fourteenth reason for being a homœopath.

#### OLD CASE OF ERYSIPELAS CURED BY *Arnica*

Some years since an eminent member of the Society of Friends wrote to me, stating that he had for a number of years been suffering from erysipelas of the face at odd intervals. I ordered him *Arnica* in a rather high dilution and in infrequent dose, and thereupon his erysipelas faded and came no more. Long afterwards he wrote me a very grateful letter, giving me much undue praise for having wit enough to see that the Almighty has His laws in therapeutics for the guidance of His poor, sick children.

I have it from you that *Arnica* causes erysipelas; I will not doubt your statement; you may now take it from me that *Arnica* cures erysipelas, and this I offer you as my fourteenth reason for being a homœopath. You know the bad character of *Arnica* in that it is apt to cause erysipelas; I tell you of its good fame, viz., that it possesses the power of curing erysipelas, and the intellectual link that completes the little chain is the law of likes that God put into the mind of one Samuel to explain to the world.

## XV

You need not be so angry at my last reason; I did not make *Arnica* grow in the world; I did not endow it with the power of causing erysipelas; and I did not discover the therapeutic law in question; I just use this law in

order to cure my patients, even as I use the useful invention known as a spoon wherewith to partake of my broth. With me it is merely a means to an end; there is no hocus-pocus about it.

Just as I was writing you my last reason for being a homœopath, I was suddenly summoned by telegraph to a very severe case of quinsy. I hastened to the suffering damsel, and found that various remedies had been used in vain, and the patient was in great distress, having been for twelve hours unable to swallow even a few drops of fluid. Not even the juice of one grape would pass, and some operative interference seemed absolutely imperative. I gave five grains of the third centesimal trituration of a remedy you may not be acquainted with, but which the heterodox homœopaths quaintly call *Baryta carbonica*, and which is now generally known as the *Carbonate of Barium*. In about a dozen hours patient ate a basin of bread and milk. I have often cured quinsies before in the same way, and I beg you to believe that the little trick has been done thousands of times by others, and though no clinical tip of mine, it nevertheless must serve you as my fifteenth reason—and not a bad one either, as said damsel would gratefully bear witness.

## XVI

You remember my case of hiccough cured by *Natrum muriaticum*? Well, while my mind is still dwelling on this very wonderful remedy, I will adduce another cure by it as my sixteenth reason for being a homœopath. In it you may again note the expansiveness of the conception of similitudes, for this case grew out of the hiccough case:

John H., aged 29, seaman, came to me on April 21st, 1878, telling me that he had had fever and ague two or three times a day, *with watery vomiting*, in Calcutta, in September, 1877. Was in the Calcutta Hospital three weeks for it, and took emetics, quinine, and tonic. Left at the end of the three weeks cured; but before he was out of port the ague returned, or he got another, and he had a five-month voyage home to the port of Liverpool. During the first three months of this homeward voyage he had two, three, four and five attacks a week, and took a

good deal of a powder from the captain, which, from his description, was probably Cinchona bark ; then the fever left him, and the following condition supervened, viz. : " Pain in right side under the ribs ; cannot lie on right side ; both calves very painful to touch, they are hard and stiff ; left leg semiflexed, he cannot stretch it." In this condition he was two months at sea and two weeks ashore ; and in this condition he comes to me hobbling with the aid of a stick, and in great pain from the moving.

Urine muddy and red ; bowels regular ; skin tawny ; conjunctivæ yellow.

Drinks about three pints of beer daily. I recommended him not to alter his mode of life till he is cured, and then to drink less beer. The former part of the recommendation he followed, as I learned from his brother ; of the latter part I have no information.

The hiccough case bears directly on this one, as we have evidently to do with an ague suppressed with Cinchona. Therefore ordered Nat. mur., 6 trit., six grains in water every four hours.

April 27th.—Pain in side and leg went away entirely in three days, and the water cleared at once ; but the pain returned on the fourth day in the left calf only, which to-day is red, painful, swelled, and pits. He walks without a stick.

Continue medicine.

May 4th.—Almost well ; feels only a very little pain in left calf when walking. Looks and feels quite well, and walked into room with perfect ease without any stick.

He thinks he had a cold shake a few nights ago. He continues to perspire every night ; ever since he got the ague the sheets have to be changed every night.

Continue medicine.

May 11th.—Quite well.

I will here urge you to make a profound study of salt in all its bearings ; but its being such a grand calorific and in refracted dose, and during this deadlock of ague and cinchona, will surely entitle it to be considered a very good reason for being a homœopath, since it cannot be so used on any other than homœopathic ground.

## XVII

Not many years ago the daughter of a London alderman was suffering from fearful neuralgia of the face ; at intervals she had had it for years, and no trouble or expense had been spared in endeavouring to cure it. Their ordinary family adviser was a homœopath, but he had not managed to cure this neuralgia, notwithstanding several consultations with colleagues ; and other men of eminence had been consulted, but to no avail.

I found that the pain was worse in cold weather ; worse at the seaside ; better away from the sea—inland, i.e., not so frequent or severe, and when the pain came on the eyes watered. A pinch of the sixth trituration of *Natrum muriaticum* in water three times a day cured my young patient in about three weeks ; and this anti-neuralgic action of *Nat. mur.* must be my seventeenth reason for being a homœopath.

## XVIII

You ask how it then is that with all the merits which I claim for homœopathy, its practitioners should be in "such a contemptible minority in the profession" ? I presume, being in the minority does not necessarily mean to be in the wrong.

I suppose you hold that the world moves ? There was a time when those who said so were in the minority, and not very far from the stake if they dared to aver their belief !

You personally, have devoted a good deal of attention to "diseases of the organs of circulation", and you plume yourself rather (so I gathered in conversation with you) on knowing just a little more than most people on the "forces that carry on the circulation of the blood"—eh ? Was not, once upon a time, the nickname "circulator"—one who believed in Harvey's discovery—a very opprobrious epithet indeed in our "liberal profession" ? quite as bad as "homœopath" now ; and did I one day not hear a great orator bring down the house by exclaiming, "They are slaves who dare not be in the right with two or three" ? Your "minority" argument is worn out.

Well, I wrote you the last time but one about the *calorific* power of *Natrum muriaticum*, and you would

like to know whether it acts upon a certain centre. I do not know its seat of action exactly, but I do know that it can often make a cold, chilly person feel warm ; and that is no small thing.

Some years since I was attending one of the children of a widow in the neighbourhood of London, and having made a pretty good therapeutic hit—*homœopathically*, my friend !—she said she should like to consult me on her own account for her nerves ; and when we had gone into that matter, she said, “ Ah, I suppose it is no use to consult you about my cold shivering fits ; no one can do them any good.” They were in this wise ; on going to bed at night she began to shudder and shiver, and on getting into bed and lying down, she would shiver to such a degree that her teeth chattered, and the movements of her body shook the bed. She had suffered this for years, and had been under a number of physicians for these cold shivers, but no one had ever touched them. She named five well-known homœopathic practitioners who had in vain tried their hand at it ; one of these has since renounced homœopathy and all its ways, and previously he had tacitly given up the use of dynamized remedies, and loves now to ridicule them. Still for all that, and all that, dynamized *Natrum muriaticum* cured these cold shakes promptly and permanently. Long afterwards this lady wrote that she kept a bottle of the medicine on her bedroom mantelpiece *au besoin*, or as we physicians so neatly put it, *pro re nata*, but never needed it.

I call *Natrum muriaticum* my calorifacient. Try it !

## XIX

Yes, you are quite right in saying that our *Natrum muriaticum* is your *Sodium chloride*, the common salt of our tables, and I am not at all surprised to learn that you cannot believe that it is in any sense a medicine. Many homœopathic practitioners are of the same opinion—but bah ! what have your and their *beliefs* to do with hard clinical *facts* ? I have cured no inconsiderable number of cases of disease with *Natrum muriaticum*—chilliness, swelled spleens, gout, constipation, and, above all, neuralgias ; so what does it matter to me what you or they *think* about it ? I KNOW.



Now I would like to cite one more experience of mine with *Natrum muriaticum*, which, besides being very curious, is also practically important, and then I will not trouble you further with my attic salt !

I can give it you in a very few words. A lady, wife of an officer, came over from India to be under my care. The difficulty in her case lay in this, that she was to stop with her husband's friends, who have a lovely place near the sea, in Sussex, but it usually upset her so much that she could not stay there. "And you know," said she, "it is so very unfortunate for I can stay there for nothing, and have the use of a carriage, and everything is so very nice ; and yet I am obliged to decline going there, and have to go to nasty lodgings by myself, which of course I have to pay for." Why can you not live at your husband's place ? "Oh ! it is the sea ; I am just the same on board ship, dreadfully ill."

Well, the burden of my song is just this—*Natrum muriaticum*, 6 trit., so modified this lady's state that she was not only able to stay at said place, but actually thereat enjoyed being and sitting by the sea.

This is my nineteenth reason for being a homœopath, and if you will accept it, I will promise you not to trouble you with anything more about the *Chloride of Sodium*, or *Natrum muriaticum*, as it is called by the homœopaths.

## XX

If I had not promised to say no more about *Natrum muriaticum*, I should have liked to narrate to you a very interesting case cured by it—a case of very severe headache—but I must keep my promise. I may, however, just say that the lady is the patient of a medical man, both living near one another at the seaside, said gentleman having given himself some trouble to ridicule my published observations on the effects of *Natrum muriaticum*—for all that *Nat. mur.* cured the lady.

Telle est la vie—médicale.

The young wife of a country squire came to me, at the beginning of the summer of 1887, with severe headache at the back, that had made her life sour for a good twelve-month ; she always woke with it ; it was throbbing ; and during the menses she also had a frontal headache. Left

ovary a little swelled and tender. *Thuja occidentalis* in a rather high dilution and in infrequent dose cured her right off. She waited three months to see if the cure was real, and then wrote me a grateful letter of thanks. Please let this cephalalgia, cured by *Thuja* 30, be my twentieth reason for being a homœopath.

## XXI

You say " your letters lately would seem to be intended to show how very superior your homœopathy is to that of your co-practitioners ".

Well, that was certainly not my intention, but rather to show that people's beliefs have often nothing to do with facts; for instance, you allopaths ridicule homœopathy, but that system of medicine is true all the same. Many practitioners of homœopathy ridicule some of the most brilliant clinical triumphs of the very system they belong to. In both cases the error is the same; they both childishly suppose that *their powers* are the limits of the possible. I was merely trying to show the fallaciousness of their judgment; and this is important, as the greatest enemies of homœopathy are often its own weak-kneed or incompetent practitioners. To explain what I mean more fully, let me give you as my twenty-first reason a case of

### MENORRHAGIA OF FIFTEEN YEARS' STANDING CURED BY

#### *Phosphorus*

The lady was 51 years old, and so you may call it metrorrhagia if you so prefer, but there had been no break in the menses, which were still regular. She came to me in October, 1882, and told me of her trouble, and that it dated from a miscarriage fifteen years before. She had often flooded at her confinements. *Phosphorus* 200 cured her. She went much smaller in the waist, and told me she " felt like a young girl ". She had other intercurrent remedies—*Lachesis*, *Ferrum*, *Thuja* and *Arnica*, but it was the *Phosphorus* that cured the hæmorrhage, I having to return to it three separate times, with months between, and the last time I used *Phos.* 100th potency.

Now I cite this case because it is purely and exquisitely homœopathic, and yet the bulk of the homœopathic

practitioners in the world do not believe in what are called high dilutions, and for all that this case was cured by such dilutions. It follows that either they or I must be mistaken; the lady who was thus cured would laugh in your face if you were to ask her to believe that she received from me other than very powerful remedies. And, indeed, they were very powerful. And just think of the gallons of *Steel Drops* and tonics that she had had in vain during those fifteen years of bleeding!

## XXII

You tell me you are much mistaken in me, for you had always thought I was, "for a homœopath a very big doser!" and that the *Phosphorus* I once mixed in a tumbler for your aunt actually "smoked!"

Perfectly true; I cannot discuss homœopathic (or, if you will, *my*) posology with you, but I will give you my rule, viz.: *The dose depends upon the degree of similitude*; the greater the similitude the higher the dilution and the less frequent the administration; the smaller the degree of similitude the lower the dose and the more frequent the repetitions of the dose. My own range of dose is from a few globules of the two-hundredth dilution at eight days' intervals, down to ten drops of the mother tincture (of weak drugs, of course) four times a day.

The dose is often quite as important as the remedy, and your exclusively low, as well as the exclusively high dilutionists, are only one-eyed practitioners, though of course kings among the blind, i.e. the allopaths.

It is your fault that I have touched upon the vexed question of the dose, that is to homœopathy what the everlasting Irish question is in British politics.

My twenty-second reason for being a homœopath is one I published some years ago under the heading

CASE OF EXOSTOSIS OF RIGHT OS CALCIS CURED BY  
*Heclæ lava*

Dr. Garth Wilkinson went once to Iceland for a holiday, and observed that the animals which fed in the pastures where the finer ashes of Mount Hecla fall, suffered from immense maxillary and other exostoses. Being an

adherent of the scientific system of medicine founded for us by Samuel Hahnemann, he brought some *Heclae lava* home with him, and it has been already successfully used to cure affections similar to those which it is capable of causing.

On July 3rd, 1880, a young lady, aged 15, came under my observation with an exostosis on her right os calcis, somewhat smaller and a little flatter than half a walnut-shell. It was at times painful. Patient was in other respects in good health and well nourished, but her teeth were not very sound. She goes blue in winter, and suffers also very badly from chilblains both on hands and feet, worse on hands.

R Trit. 2 *Heclae Montis lavae*, 5 iv.

S—Six grains three times a day.

17th. The exostosis is decidedly smaller; it never pains now.

*Pergat.*

September 25th. The exostosis has entirely disappeared; the two heels being compared, no difference between them can now be discovered.

*Heclae lava* has been shown to consist of silica, alumina, calcium and magnesia, with some ferric oxide. We are, therefore, not astonished that it can cause and cure exostosis.

Brother allopath, this is science in therapeutics; what have you to take its place? Give absorbents and paint the part with iodine? What guarantee can you give me that your absorbents will not absorb a bit of the pancreas or some small glands in lieu of the exostosis?

Or you are, also, true to your principle: *Contraria contrariis curantur*? Then pray tell me what is the contrary of an exostosis?

## XXIII

Referring to my remarks in my last letter but one, that so many of the practitioners of homœopathy do not believe in the so-called high dilutions, I should like to add a word or two, as I see by your reply (only just to hand) that you have mistaken my meaning. I do not mean that none of the homœopathic physicians believe in said dilutions, but that only a small minority of them,

perhaps about one-fourth in this country. Furthermore, my cure of hæmorrhage with *Phosphorus* is not only "an isolated case of the kind", but only one of a large number; in fact, scores of such cases were published in homœopathic literature long years before I knew anything about the subject. You evidently forget that I am precluded from getting my reasons from our literature.

And in case you might also think the same limitedness applies to the use of *Heclæ lava* in exostosis, I may say that you can find other cases in our literature more striking than this one of mine, and—lest you should say faith did it—a Dublin physician cured his horse of a large exostosis with the same remedy! As my twenty-third reason for being a homœopath let me cite a

#### CASE OF CRANIAL EXOSTOSIS, CURED BY *Aurum met.*

The case was published long ago, and so I will not trouble you with details: suffice it to say, that the man who had the bony growth in his skull was completely and permanently cured by me with Metallic Gold in homœopathic preparation. Nor is this an isolated case of the kind; the thing has been done oft before, any time during the last fifty years, and even before that.

### XXIV

I am very anxious to show the difference between curing a case empirically and doing so scientifically—that is to say, homœopathically; and a paper I once published on *Aralia* will do this, and also be my twenty-fourth reason for being a homœopath. I choose this because you seem to think my singly given cases "isolated".

#### THE COUGH OF *Aralia*.

*Aralia racemosa* is not an accepted homœopathic remedy, and Dr. Allen did not insert Dr. Jones's little proving in his *Encyclopædia*, but he has put it into the Appendix.

Dr. Hughes has also now added it to the list in his well-known *Pharmacodynamics*, but only as a supplementary remedy. So it seems to be just timidly peeping into our big drug-house. I know of no clinical experience with it beyond what we find in Hale's *Therapeutics*.

It appears that the plant has a great reputation in the United States as a cough medicine, and Professor E. M. Hale very properly says that this warrants us in expecting that it has at least some specific affinity for the respiratory organs. The common people have in some way found out that the "spikenard" is good for coughs; Hale comes and makes a note of it. A step farther is made by Dr. S. A. Jones, who made a proving of it in 1870, and thus lifted the popular cough medicine out of useful empiricism on to the scientific basis of Hahnemann's induction.

I happened to read Jones's proving in Hale's *New Remedies* some six or seven years ago, and I was much struck with the character of the cough. I fancy the thing that helped to impress it upon my mind was the fact that I had had just at that period a lady under my care who was suffering from a cough that came on after lying down at night. I had been tinkering away at this cough, and could not cure it; so I blamed the damp house in which the lady resided, and its proximity to a brook prettily hidden among the willows close by. *Hyoscyamus*, *Digitalis*, and a number of other remedies came into play, but the cough would not budge a bit. Need I tell the heart-rending tale that the patient lost faith in her doctor (the writer) and in his much-vaunted pathy, and set about healing herself with quack medicines and orthodox sedative cough mixtures? Of course I felt humiliated, and I therefore made up my mind to read my *Materia Medica* a little more diligently. It was quite evident that the cough was a curable one, for the most careful physical examination failed to detect anything besides a few moist râles that tallied with the moderate amount of expectoration.

Failures are very instructive at times.

Just after having received my *congé* from this lady, I was reading Hale's *New Remedies*, and came across Dr. S. A. Jones's proving of *Aralia racemosa*, where he says: "At 3 p.m. I took ten drops of the mother tincture in two ounces of water. An interesting book caused me to forget my 'dose'. The events of the night jogged my memory very effectually."

He goes on to say that he retired to rest at midnight, feeling as well as ever, but he "had no sooner lain down than he was seized with a fit of asthma".

I put down the book—Hale's *New Remedies* was not quite so thick then as it is now—and said to myself, "That's Mrs. N's cough, that is just how she does. She lies down and forthwith begins to cough, to get laboured breathing, and to make her poor hard-toiling husband wish he were a bachelor": at least he might have wished it, for ought I know to the contrary.

A little time elapsed, and the writer was sent for to see one of this coughing lady's children with eczema. The bairn's common integument having been prescribed for, I timidly inquired about the cough. "Oh," said Mrs. N., "it is as bad as ever; I have tried everything, and do not know what to do." I sat down and wrote:

R *Tc. Aralia racemosa* 2, and it cured *citò, tutò, et jucunde*, and that not because *Aralia* is good for coughs, and has an affinity for the respiratory organs merely, but because it is capable of causing a cough like the one that was to be cured.

This happened somewhere about six or seven years ago, and I have since cured this kind of cough with *Aralia* whenever I have come across it, and at a rough guess I should say that would be thirty or forty times.

Case II.—*Tussis Araliae*.—A lady came under my observation last summer. She resides in the West End of London, and had been under competent homœopathic treatment for her throat, and had certainly derived benefit, but still her cough did not leave her, so that she was on the point of removing from London and going to the South, whereof she is a native, she and her friends having become apprehensive lest her chest should become affected. Her cough was not identical with Mrs. N's, but the only difference was that it *did not come on till after a first sleep* of not long duration. Patient would go to bed quite well (so did Mrs. N., and so did Dr. S. A. Jones) and lie down and go to sleep, and *after a short sleep*, would wake up with a severe fit of coughing that would last an hour or more.

*Aralia* 3 cured it entirely in a few days, and she gave up all idea of returning to the South.

Case III.—*Tussis Araliae*.—A child of not quite six gets croupy coughs in damp weather that usually yield to *Dulcamara*. Occasionally, however, there remains the kind of nocturnal cough described in Case II, viz., she will go to bed, lie down, fall off to sleep, and presently awake

with a violent bout of coughing. Originally, before thinking of *Aralia*, I had in vain given *Hyoscyamus*, *Gelsemium*, *Aconitum*, *Spongia*, *Hepar*, *Dulcamara*, *Phosphorus*, and *Bryonia*. Then the early nocturnal character of the cough determined me to try *Aralia*, and with prompt effect.

Case IV.—*Tussis Araliae*.—An asthmatic gentleman of 50 years of age, with moderate emphysema of the lungs, has long been under my care. At first he was almost always short of breath on exertion, and had bad nocturnal attacks of dyspnoea and cough. A prolonged course of constitutional treatment has at last partially cured him, but when he catches a cold he gets an attack of bronchial catarrh with *early nocturnal cough*.

It would be tedious to give the treatment of his whole case, but it will suffice to say it consisted principally of antispasmodics and hepatics.

One day this gentleman said he wished I could give him a medicine for his cough, to have by his bedside at night, because otherwise when he caught cold (as at this time) he would go to bed quite well, fall asleep, and presently awake with a violent fit of asthma that would last from one to two hours, more or less; then he would get up a little phlegm and go to sleep again.

I prescribed one-drop powders of *Aralia* 3x, *pro re nata*. The next time I had occasion to see this gentleman he exclaimed, "I thought those powders would have killed me. I took one as you directed, when my cough became much more violent than I had ever known it, but it soon ceased, and has never returned."

He keeps some of these powders by his bedside ever since, and on various occasions they have helped him, thus far unfailingly. He has not had an aggravation since the first time of using them.

These cases are samples only, but they teach a useful lesson: to give more than these would be irksome.

It will be seen that *Aralia*, although a new remedy, is a comparatively old friend of mine, and I can confidently commend it for *early nocturnal cough* that occurs either immediately on lying down, or MORE COMMONLY after a first fore-midnightly sleep.

Professor Samuel Jones's cough was immediately after he had lain down, but it will be noted that he did not retire till midnight, whereas all my patients, I believe, went to



bed before. From a fairly extensive experience of *Aralia* as a cough remedy I have formed the conclusion that it is homœopathic to its cough by reason of its *time* and *patient's recumbent position*.

It is *no good*, I believe, in cough occurring *at any time* on lying down, neither does it avail in a cough caused by a relaxed uvula; neither will it, as far as I am aware, cure any lung lesion whatsoever beyond bronchial irritation and catarrh. And most positively *it is no good at all* in the after-midnightly or 2 or 3 a.m. dyspnœa and cough of genuine asthma. In such cases I have given it in vain. But for the previously described variety of cough it is a *remedium probatissimum*. Here, for the thousandth time, we see the exactness of our homœopathic science. In conclusion, my thanks to Professor Hale for introducing my now dear friend, *Aralia*, and my still greater gratitude to Professor Samuel Jones for the more intimate scientific acquaintance. As homœopaths we owe a deep debt of gratitude to drug provers.

## XXV

It may be about three years ago, or thereabouts, that it was my duty to give an opinion on the state of a gentleman of middle age, resident in London, and who was considered in a dying state. He had not much faith in any medical man, or in any pathy, and had for years wandered from one physician to another for his serious heart disease and frightful dyspepsia. The allopaths did him most good, he thought, on the whole, with their remedies, but the good effects did not last. The prescriptions showed that his state had been correctly diagnosed, and not badly treated from their standpoint. He received in turns cordials, iodides, antacids and tonics, but his disease—*aneurysm* of the aorta—got worse.

The homœopaths had treated him symptomatically—and he had plenty of symptoms—and once or twice he really thought he was cured for a day or two, but then he became suddenly as bad as ever—his aneurysm evidently got larger.

When I first saw him he seemed almost moribund, and had received the last rites of the Church.

After going over his case well, and taking into account the state of his tissues and organs and the size of his aneurysm, so far as that could be determined, I gave as my opinion that he might slowly get better, and be eventually cured of his disease.

That gentleman has since married, and the aneurysm though not yet quite gone, is slowly yielding to homœopathic treatment, freely applied under diagnostic common-sense.

The principal remedies were *Aurum met.*, *Chelidonium majus*, *Carduus*, *Ceanothus*, *Glandium quercus*, *Aconitum Ferrum*, *Cactus grand.*, and *Baryta muriatica*, the first named and the four last being directly—specifically—curative. My knowledge of the use of *Barium* is due to Dr. Flint, and this is not the first or second time that homœopathy has cured aneurysm.

I saw my patient walking along the street a few days since with his wife, and I was quite struck with his healthy, ruddy appearance. This power of homœopathy over aneurysm gives my twenty-fifth reason for being a homœopath—and that lands me just half-way with my fifty reasons. Have you thus far conceived any greater respect for homœopathy, or can you explain *all* my reasons away? At least you are beginning to see that my statement at your uncle's house was not boastfulness, but a mere statement of fact. Pray understand that I am not the least desirous of making you, or anybody else, a homœopath; it makes no difference whatever to me. Nor does it make any difference to truth: truth will get on very well without any of you.

Nor do I anticipate any particular good from all this scribbling of my fifty reasons to you; I do it just to substantiate my own position, and slap the jeering ignorance of orthodoxy in the face.

## XXVI

You complain that I indulge in too much abuse, and that I am unnecessarily pugnacious and offensive. Perhaps so. Did you not have the impertinence to call the homœopaths quacks? You who know nothing about what they do! and do not you allopaths, every man of you, go about day by day and slander the homœopaths?

You allopaths bear false witness against your homœopathic neighbours every day of your lives—did I not once hear you say to your aunt at table, “ Oh, yes, Auntie, take some of your little homœopathic pilules, *they won't hurt!* ”

You said I must give you my fifty reasons out of my own life's work, as I had promised, or “ come down the tree ”.

Well, I sit firmly on a very big bough of the old tree of truth, and it is not an ignorant allopath who will ever dislodge me.

It may be half a dozen years ago that an unusually beautiful, sweet girl, a good way in her twenties, residing in an important provincial town, was noticed to fade and get weak, with peculiar ill-defined throat symptoms, weakness in her back, rectal and uterine irritation, weakness and emaciation. People could not think what had come over her. She is one of those human highbreds who will not cave in, but, if duty calls, will go on till they drop : till then, existing on their “ go ” rather than on their physique.

In life they are commonly misunderstood, and because they can put on a spurt or clear a very high-fenced difficulty *au besoin*, the unknowing and non-observant think they are really strong, but are lazy or sham.

“ Oh ! she nursed her nieces for weeks and never had her clothes off, but did not seem to mind a bit, and now she would have you believe she is so delicate ; she shams, it's all put on.” But it is not put on at all ; if you examine their heads you will find the animal sphere almost entirely absent.

Dr. R. M. Tuttle, speaking on this point, says :

“ Some men can do with ease as much physical labour as would kill other men. The same is true of mental labour. A man like Gladstone can take on himself a course of work the mere attempting of which would effectually silence any one else. He is a man with a large, highly organized brain, but he possesses, besides, the well-balanced organs of animal life which are required to generate the energy that such brains can transmute into intellectual force. To be able to do the full measure of work of a man, it is necessary to be a good animal.”

The lady in question has the most exquisitely intellectual development, a wonderful arch of cerebrum, but no occipital power worth while.

Well, the patient had been through a domestic trial and had *bent* ; some thought she had *broken*.

A good, kind, gentle allopathic physician, who was wont to attend the family, also attended her, and diagnosed Bright's disease of the kidneys. Said he to her mother : "I am truly sorry to have to tell you that Miss —— has a disease of the kidneys that cannot be cured ; you must take care of her ; she must wear flannel all over, and avoid cold and damp ; she may last with care a very long time, but you must not expect her to get well."

Much family council was held together, and the outlook being dark and hopeless, the young lady was brought to me.

Homœopathy cured her in about eight months, and the young lady thereupon got married, and has now several bouncing children, and she herself continues in good health. Not a vestige of albumen has been in the urine for nearly five years. What cured her ? *Mercurius vivus*. She took two doses a day for many months. I did not hit it right off, but tried two or three remedies at first without avail.

This is my twenty-sixth reason for being a homœopath, and it alone were amply sufficient : and whether it be God's will that I die to-night, or live for another fifty years, I feel that while I do live I am in duty bound to fight the good fight of homœopathy with all the power I possess : were I to do less I should be afraid to die.

Young man, the responsibility of *not* being a homœopath is very terrible.

## XXVII

### POST-ORBITAL NEURALGIA OF TWENTY YEARS' STANDING

Must be my twenty-seventh reason for being a homœopath. This case (which came under observation on January 9th, 1882), is one of considerable interest on various accounts. Its subject, a lady of rank, over fifty years of age, had been in turns, and for many years, under almost all the leading oculists of London for this neuralgia of the eyes—i.e. terrible pain at the back of the eyes,

coming on in paroxysms, and confining her to her room for many days together; some attacks would last for six weeks. Some of the neuralgic pain, however, remained at all times. Her eyes had been examined by almost every notable oculist in London, and no one could find anything wrong with them structurally, so it was unanimously agreed and declared to be *neuralgia of the fifth nerve*. Of course no end of tonics, anodynes, and alteratives had been used. The oculists sent her to the physicians, and these back again to the oculists. The late Dr. Quin and other leading homœopaths had been tried, but, "no one had ever touched it".

Latterly, and for years, she had tried nothing; whenever an attack came on, she would remain in her darkened bedroom, with her head tied up, bewailing her fate. To me she exclaimed, "My existence is one life-long crucifixion!"

I should have stated that the neuralgia was preceded and accompanied by influenza. In the aggregate these attacks of influenza and post-orbital neuralgia confined her to her room nearly half the year. In appearance she was healthy, well-nourished, rather too much *embonpoint*, and fairly vigorous. A friend of hers had been benefited by homœopathy in my hands, and she therefore came to me "in utter despair".

These are the simple facts of the case, though they look very like piling up the agony! Now for the remedy. The resources of allopathy had been exhausted, and, moreover, I have no confidence in them anyway: homœopathy—and good homœopathy too, for the men tried knew their work—had also failed. Do-nothing, now much in vogue, had fared no better. I reasoned thus: This lady tells me she has been vaccinated five or six times, and being thus very much vaccinated, she may be just suffering from chronic vaccinosis, one chief symptom of which is a cephalalgia like hers, so I forthwith prescribed *Thuja* 30. It cured, and the cure has lasted till now. The neuralgia disappeared slowly; in about six weeks (February 14th, 1882) I wrote in my case-book, "The eyes are well!"

As I have not heard from the patient for some time, I am just writing a note to her to know whether the neuralgia has thus far (December 30th, 1882) returned. The reply I will add.

Of course, it does *not* follow that because *Thuja* cured this case of neuralgia of some twenty years' standing, that *therefore* the lady was suffering from *vaccinosis*; that *Thuja* DID cure it is incontrovertible, and my *vaccinosis* hypothesis led me to prescribe it. More cannot be maintained. At least, the case must stand as a clinical triumph for *Thuja* 30—this much is absolute.

In reply to my enquiry, I received the following :

“ January 1st, 1883.

“ . . . I have been in very much stronger health ever since I crossed your threshold, and excepting one or two *attempts* at a return from the enemy, I have been quite free from suffering . . . ”

This lady continues well of her post-orbital neuralgia at the time of going to press. After the disappearance of the neuralgia she had several other remedies from me for dyspeptic symptoms.

## XXVIII

Let this reason be a case of—

### CHRONIC HEADACHE OF NINE YEARS' DURATION

Miss G—, aet. 19, came under my care on March 12th, 1881, complaining of bad attacks of headache for the past nine years. She said it was as if the back of her head were in a vice, and then it would be frontal, and throbbing as if her head would burst. She was very pale, and her forehead looked shiny, and in places brown.

These “ head attacks ” occurred once or twice a week.

Tendency to constipation; menses regular; an old sty visible on left eyelid; poor appetite; dislikes flesh-meat; liver enlarged a little; had a series of boils in the fall of 1880.

Feet cold; used to have chilblains. For years cannot ride in an omnibus or in a cab, because of getting pale and sick; skin becomes rough in the wind; lips crack; gets fainty at times.

To have *Graphites* 30.

April 13th.—Appetite and spirits better, but otherwise no change. Questioned as to the duration of the head

attacks, she tells me the last but one continued for three weeks—the last, three days. Over the right eye there is a red, tender patch; *has two or three white-headed pustules* on her face.

Was vaccinated at three months, re-vaccinated at seven years, and again at fourteen. Had *small-pox about ten years ago*.

Thus here was a case that had had small-pox ten years ago, or thereabouts, for she could not quite fix the date, and had been vaccinated three times besides, once subsequent to the small-pox!

R *Tc. Thuja occidentalis*, 3iv 3x.

To take five drops in water twice a day.

May 13th.—Much better; has only had one very slight headache lasting an hour or two; the frontal tender patch is no longer tender; no further faintness at all. Lips crack. The pustules on the face gone, and skin quite clear.

To have *Thuja* 12, one drop at bedtime.

June 17th.—Was taken ill yesterday fortnight with soreness of stomach; fever; nausea and perspiration. Subsequently spots broke out like pimples—eight on the face, one each on the thumb and wrist, one on the foot, and two on the back; they filled with matter, were out five days, became yellow, and then died away. Her mother says the symptoms were just the same as when patient had the small-pox. Her headaches were well just before this bout came on.

July 1st.—Continues well.

July 27th.—The headaches have not returned.

February 24th, 1882.—The cure holds good, for she has had no headache, and is otherwise well. She had subsequently some other remedies for the little tumour on her eyelid, and for a small exostosis on lower jaw, but she had received nothing but *Thuja* when the cephalalgia disappeared, and it was two or three weeks before the next medicine followed.

Some months after this date this young lady was brought by her mother merely to show me how well she was, and to take final leave of me; two years later I learned from her mother that she continued well, so the cure is permanent.

An interesting feature in this case is the curious attack which came on at the beginning of June. My reading

of it is that it was really a proving of *Thuja*, or a general organismic reaction called forth by it; and this sent me often up to the thirtieth dilution in my subsequent use of *Thuja*, though I have occasionally found the third decimal dilution answer better than the thirtieth.

But this is not the point of my thesis, for this case was cured by the low dilution, and when the low dilutions cure, and cure promptly, even though not very agreeably, but well, it cannot be necessary to go up any higher, especially as one's faith is sufficiently on the stretch without it.

## XXIX

### ENLARGED GLANDS. APEX-CATARRH

Master C—, aet. 11½, came under my care on August 18th, 1881, complaining of a cough, worse at 7.30 p.m.; he also coughed by day and through the night, but it did not wake him. He perspired fearfully, worst on the head, and worse during the night. Over upper half of left lung one heard moist crackling *râles*. The cervical lymphatic glands at the top of the apex of left lung were indurated, and distinctly "feelable". He weighed 5 stone 4 lbs. The vaccination scars were on the left arm, and the glands over the apex of the right lung were not indurated. Induration of the lymphatics on the left side of the neck (the vaccinating being performed on that side) is the rule after vaccination, as anyone may observe for himself if he will take the trouble to examine a *healthy* child just before vaccination and any time thereafter. I say, *any time thereafter*, for the thing generally persists for a very long time, unless cured by medical art.

R. *Thuja* 30/m. ii. Sac. lac. q.s. Fiat pulv. Tales xxiv. One, three times a day.

August 27th.—Is well of cough, but the sweats continue. To take no medicine.

September 6th.—The most careful examination of chest reveals no *râle*; there is no cough; the sweats have quite ceased; the said cervical lymphatics can *not* be found. The boy now weighs 5 stone 8 lbs., so that he has gained 4 lbs. in weight since he got the *Thuja*.

Discharged cured.



The boy had been at school, and was sent home to his parents by the school physician on account of his obstinate cough, and because his general symptoms excited alarm. To me it appeared to be the first stage of phthisis. That the boy should increase in weight at home just after returning from school is, of course, not necessarily due to the medicine; home life, too, would improve his nutrition generally, and would perhaps also account for the disappearance of the apex-catarrh, cough, and perspirations. But what is to account for the disappearance of the induration of the cervical glands?

### XXX

Of course you will perceive that what I understand by vaccinosis has no necessary connection with homœopathy, the *Thuja* being homœopathic to the cases.

As my thirtieth reason for being a homœopath you will allow me to cite another *Thuja* case,—viz. one of

#### ~~ACNE OF FACE AND NOSE AND NASAL DERMATITIS~~

A young lady, about twenty years of age, was brought by her mother to me on October 28th, 1882. Patient had a very red, pimply nose, not like the red nose of the elderly bibber, or like that due to dyspepsia or to tight lacing, but a pimply, scaly, nasal dermatitis, which extended from the cutaneous covering of the nose to that of the cheeks, but appearing here more as facial acne. The nasal dermatitis was, roughly, in the form of a saddle. Of course, this state of things in an otherwise pretty girl of twenty was painfully and humiliatingly unpleasant to her and to her friends; in fact, it was likely to mar her future prospects very materially, more especially as it had already existed for six years, and was making no signs of departing. She also complained of obstinate constipation. The pimples of the nose and face used to get little white mattery heads.

R. *Thuja occidentalis* 30.

November 30th.—Pimples of face decidedly better. Nose less red. Constipation no better.

R. *Thuja occidentalis* 100.

January 3rd, 1883.—The face is free! Her mother gratefully exclaims, "She is wonderfully better." I ask

the young lady which powders did her *most good*; she says, "The *last*." The skin of the nose is normal, but the constipation is no better, and for this she remains under treatment.

That *Thuja* cured this case is incontrovertible.

## XXXI

### NEURALGIA OF RIGHT EYE

Mr. —, a gentleman of position and means, about fifty years of age, came to consult me on June 28th, 1882, for a neuralgia of the right eye.

He complained of almost constant pain in right eye ever since Christmas 1881, i.e. just about six months. Had had neuralgia in head and shoulders in 1866, and so much morphia had been injected in his shoulders by a doctor in Scotland that it almost killed him: for seven or eight hours it was doubtful if he would recover.

Has a brown, eczematous, itchy (at night) eruption on both shins and between the toes. The neuralgia of right eye, and for which he comes to me, is bad both day and night, but rather worse at night. Mr. (now Sir William) Bowman had examined the eye and declared it to be neuralgia, the eye being normal. Mr. White Cooper had done the same.

On my enquiring when he was last vaccinated, he seemed completely frightened, and stammered out rapidly, "I should not like to be vaccinated again."

"Why?"

"I was very seedy the last time I was vaccinated; in fact, I felt awfully ill for about a month," and he again hurriedly protested that he would not like to be vaccinated again. The vaccination that had made him so ill was either in 1852 or 1853.

This seemed to me to be a case of vaccinal neuralgia, and therefore I ordered *Thuja* 30, in infrequent dose. This was on June 28th, 1882.

*July 8th.*—But very little pain after the first powder. To have the same medicine again.

The cure proved permanent, and is interesting as proof of the rapidity with which the *most like* remedy can cure a neuralgia.

## XXXII

Being a case of

## DISEASED FINGER-NAILS

On December 22nd, 1882, a young lady of twenty-six came under my care for an ugly state of the nails of her fingers. Naturally, a lady of her age would not be indifferent to the state of her nails. These nails are indented rather deeply, and in addition to these indentations there are black patches on the under surface of the nails, reaching into the quick. Very slight leucorrhœa occasionally. She had chicken-pox as a child of eleven. On her shoulders there is an eruption of roundish patches, forming mattery heads. The black patches have existed these eighteen months.

I ordered *Thuja* 30 (one in six).

March 19th, 1833.—Has continued the *Thuja* 30 for just about three months, with the result that within a fortnight from commencing with it the black patches under the nails began to disappear, and there is now no trace of them.

I will not trouble you with any more reasons based on the therapeutic action of *Thuja*.

You want to know whether I really claim that homœopathy can cure cataract with medicines. You know very well that that has been my contention for a number of years ; but I will revert to that again.

## XXXIII

As my thirty-third reason for being a homœopath I propose to give you a case of cataract cured by medicines. You said in one of your letters to me that you would like to see the man who could dissolve a case of genuine senile cataract with medicines. Well, I will recount to you how I was converted myself.

The limits of the curable and of the incurable are not represented by any fixed lines ; what is incurable to-day may be curable to-morrow, and what we all of this generation deem incurable may be considered very amenable to treatment in the next generation.

When walking the hospitals years ago I was taught, in respect of cataract, that there was nothing for it but an

operation ; a few months since, I spent a little time at an excellent metropolitan hospital for the eye, and found that that is still the one thing taught,—viz. if you have a cataract, there is no hope for you beyond that of getting blind, and then trying to get your sight again by having the cataractous lens removed.

On May 28th, 1875, I was sent for to see a lady suffering from acute ophthalmia. She informed me that her friend Dr. Mahony, of Liverpool, had recommended her to try homœopathy when she should again require medical aid, and had also mentioned my name to her. She seemed rather ashamed of calling in the aid of a disciple of Hahnemann, and was very careful to lay all the blame upon Dr. Mahony : for, said she, I know nothing about it. My patient was in a darkened room, and hence I could not well see what manner of woman she was ; but I soon learned she was the widow of an Indian officer, had spent many years in India, where she had had ophthalmia a great many times, and that she was in the habit of getting ophthalmia once or twice a year, or even oftener, ever since. It generally lasted several weeks, and then got better ; no kind of treatment seemed to be of any avail. Did I think homœopathy would do her any good ? I replied that we would try it.

I made an attempt at examining the eye, by lifting up one of the laths of the Venetian blind to let in the light, and then everting the lid ; but the photophobia and consequently blepharospasm, were so great that I barely succeeded in recognizing that the right eye was a red, swelled mass, while the left one was only comparatively slightly affected ; in fact, a case of ophthalmitis. A more minute examination was impossible, as the pain was so great that the patient screamed whenever any light was let into the eye. I took a mental note of the chief symptoms, notably of the fact that the inflammation was chiefly confined to the right eye, and went home and worked out the homœopathic equation ; I was specially anxious to make a hit, and so I spent about half an hour at the differential drug-diagnosis. The drug I decided upon was *Phosphorus*. Thus—

R. *Tc. Phos. 1m. xij. Sac. lac. q.s. Div. in p. æq. xij.*

S.—One in a little water every hour.

That would be about the one-hundredth part of a grain of *Phosphorus* at a dose, or rather less.

I called the next day, about eighteen hours thereafter, and my patient opened the door herself, slightly screening her eyes with her hand, and quite able to bear a moderate amount of light. The inflammation was nearly gone; the next day it was quite gone.

Patient's amazement was great indeed; in all the twenty years of these ophthalmic attacks she had suffered much, and had had a number of doctors, including London oculists, to treat her, but to no purpose. And yet she had been treated *actively*, and there had been no lack of physic and leeches, and also no lack of medical skill; but there was lacking in their therapeutics the one thing needful . . . THE LAW OF SIMILARS.

How was it that I, with no very *special* knowledge of the eye or its diseases, and with only usual practical experience, could thus beat skilled specialists and men of thrice my experience?

Was it, perhaps, greater skill, deeper insight into the disease, more careful investigation of the case? By no means . . . It was just the law of similars, patiently carried out in practice.

My dear allopathic *confrère*, WHY are you so very simple that you leave us homœopaths with this enormous advantage over the *best* of you? Any little homœopathic David can overcome the greatest allopathic giant if he will only keep to his *Materia Medica*, and the *directions* of *Hahnemann*. And the good thing lies so near, and is so constantly thrown at you. If we homœopaths were only to make a secret of our art, you would petition the Government to purchase it of us!

But *revenons à nos moutons*. My patient was naturally very grateful, and said, "If that is homœopathy, I wonder if it could cure my cataract?" On examining the eyes now with some care one could readily perceive that there were opacities behind the pupils, that of the right being the much more extensive. She then informed me that she had had cataract for some years, and was waiting for it to get ripe so as to undergo an operation. She had been to two London oculists about it, and they agreed both as to diagnosis and prognosis, and eventual operative treatment. She had waited a year and gone again to one of these eye surgeons, and been told that all was satisfactorily progressing, although but slowly; it was thought it might take another two years before an operation could

be performed. Her vision was also getting gradually worse, and she could not see the parting in her hair at the looking-glass, or the names over the shops, or on the omnibuses in the street ; could see better in the dusk than in broad daylight.

In answer to her question as to the curability of cataract with medicines, I said I had no personal experience whatever on the subject beyond one case, and I thought that from the nature of the complaint, one could hardly expect medicines to cure it, or even affect it at all. Still, some few homœopaths had published such cases, and others had asserted that they sometimes did really succeed in curing cataract with homœopathic treatment. I added that, inconceivable as it was to me, yet I had no right to question the veracity of these gentlemen, simply because they claimed to do what *seemed* impossible.

In fine, I agreed, at patient's special request, *to try to cure her cataract with medicines given on homœopathic lines !*

I must confess that I smiled a little at my own temerity. But I consoled myself thus : What *harm* could it do to treat her while she was waiting to get blind. At the worst I should *not* prevent it !

So it was agreed she should report herself every month or so, and I would each time prescribe for her a course of treatment.

All this was there and then agreed to.

She took from May 29th to June 19th, 1875, *Calcarea carbonica* 30, and *Chelidonium* 1, one pilule in alternation three times a day. Thus she had two doses of the *Calcarea* one day, and one the next, and conversely of the *Chelidonium*.

There were indications for both remedies, though I cannot defend the alternation : I hope I alternate less frequently now.

Then followed *Asafœtida* 6, and *Digitalis purp.* 3.

Then *Phosphorus* 1, and subsequently *Sulphur* 30, and then *Calcarea* and *Chelidonium*.

Thus I continued ringing the changes on *Phosphorus*, *Sulphur*, *Chelidonium*, *Calcarea carbonica*, *Asafœtida*, and *Digitalis*, till the beginning of 1876.

On February 17th, 1876, I prescribed *Gelsemium* 30 in pilules, one three times a day. This was continued for a month.

Then I gave the following course of drug treatment : *Silicea* 30 for fourteen days ; *Belladonna* 3 for fourteen days ; *Sulphur* 30 three times a day for a week ; and then *Phosphorus* 1 for a fortnight.

A month or so after this date—March 20th, 1876—I one morning heard some very loud talking in the hall, and my patient came rushing in and crying in quite an excited manner that she could almost see as well as ever. She explained that latterly she *seemed* able to discern objects and persons in the street much better than formerly but she thought it must be fancy, but that morning she suddenly discovered that she could see the parting in her hair and she at once started to inform me of the fact and, *en route*, she further tested her vision by reading the names over the shops which she previously could not see at all.

I ordered the same course of treatment again, and in another two months the lenticular (*or* capsular) opacities completely disappeared, and her vision became and remained excellent.

She had never any recurrence of the ophthalmia, and she remained about a year and a half in my neighbourhood in good health. She then went abroad again, and in her letters to her friends since, she makes no mention of her eyes or sight, and hence I fairly conclude that she continues well.

The patient's age is now about fifty or fifty-one.

I have detailed this case somewhat circumstantially, so that my conversion to a belief in the medicinal curability of cataract may appear to others as it does to me.

This case made a considerable stir in a small circle, and a certain number of cases of cataract have since come under my care in consequence, and the curative results I have obtained in their treatment are extremely encouraging.

And I may add that I published this in the year 1880, and since then I have partially or completely cured a number of cases of cataract with remedies, and this power I possess because I am privileged to be a homœopath.

#### XXXIV

You ask me whether the homœopaths as a body endorse my views as to the amenability of cataract to medicines ?

My answer is that some do and some do not, but that is not material ; the task is *very* difficult, and not within the power of every physician who happens to practise on homœopathic lines : the higher and highest work of which homœopathy is capable depends upon the capacity of the operating clinical artist—i.e. upon the homœopathic practitioner. What I claim for homœopathy is what *I have done* with its aid myself ; other physicians will be able to do more, and some less.

As my thirty-fourth reason for being a homœopath I will cite the details of a case of cataract, begun in May, 1884 and ended in May, 1886.

Mrs. V.—, aet. 66, came under my observation on May 20th, 1884. She came through a friend whose cataract had been cured by me with medicines.

Mrs. V.'s history is this : In November, 1882 and in April, 1883, she had been operated upon for cataract of the right eye. Inflammation set in, and the eye was lost. Now her left eye has cataract, the lens having a grey look, and her vision is much impaired ; she wears spectacles, but can no longer sew or thread a needle with their aid. Her father and his sister had cataract. Patient's skin is scaly and pimply, more particularly that of the face.

*R. Tc. Sulph.* 30. *℥iv.*

S.—Five drops in water night and morning.

*August 30th.*—Since last date I sent her a medicine, but omitted to note it. She thinks her sight clearer.

*Calc. carb.* 30.

*October 29th.*—"I am thankful to say my sight keeps better, only I am nervous, and everything falling makes me jump."

*Thuja* 30.

*December 2nd.*—"I feel my sight improving."

*Causticum* 100.

*January 1st, 1885.*—"I am thankful to tell you my sight is much better ; I can now see wonderfully well to read and write with my spectacles on, and I can see very well to go about or do anything in the house without the spectacles."

*Rep.*

*March 25th.*—"Cannot bear the light so well ; the eye which is blinded waters very much."

*Psor.* 100.



*April 28th.*—Bad cold.

*Puls. ix.*

*May 2nd.*—On this day the patient paid me her second visit, and the note in my case-book runs, "The left lens is decidedly less milky; can see to thread a needle."

Rep.

*July 2nd.*—"My eye is not quite so clear."

*Silicea 30.*

*August 27th.*—No change.

*Causticum C.*

*October 3rd.*—Better of self, and sees better.

Rep.

*January 18th, 1886.*—No further change.

Rep.

*March 9th.*—About the same as three months ago.

*Puls. ix.*

*May 18th.*—Vast improvement; can read, write, and see well, and there is now only the faintest opacity of the lens.

I heard from her in October, 1887 and her vision continued in the same excellent state, and she is now just on seventy years of age.

So you see here one eye had been lost through the operation for cataract, and nevertheless the cataract in the other eye had been cured. I do not say the lens is at the centre as clear as yours or mine, but the cataract is gone, and that little rest of opacity does not affect the vision at all appreciably, and is not of the nature of progressive cataract, but is the remaining bit of it that Nature cannot get rid of, but it is no longer cataract, but its stationary remains.

Does this case convince you?

### XXXV

It is the merest folly on your part to pretend to question my diagnosis of cataract; whatever truth there may have been in such objections when I cured my first case nearly a dozen years ago, that can hardly be valid now. But I make you a present of *all* diagnostic power, if that will please you, inasmuch as the cited cases were diagnosed by eye specialists of the greatest eminence and experience, so what is your next objection? That it was not *senile*?

then take what I published in the "HOMŒOPATHIC WORLD," October 1st, 1881. I will copy it word for word:—

#### CASE OF CATARACT MUCH AMELIORATED BY MEDICINE

In a little monograph I have sought to defend the thesis that cataract can be often cured, and still oftener ameliorated, by the aid of medicines given internally. The bulk of the profession, of course, ignore the thing entirely, that I expected. A few of the more enlightened welcomed the little book as an honest attempt—as an imperfect, but solid beginning. Yet others shook their heads in good old-fashioned honest doubt, and muttered something about "mistaken diagnosis"; and this not without a chuckle at their own superior powers in this regard.

Since the publication of "Curability of Cataract with Medicines," I have continued my humble efforts in the same line, sneers and jibes notwithstanding. I have only treated a very few cases, partly because I do not care to begin unless a patient is willing, if necessary, to go on for a year or two, and this most of them decline.

It is no wonder people are very incredulous about the possibility of modifying the stroma of an opaque lens; for it is indeed *very* difficult, and I fail myself but too often, yet by no means always, and I consider the future of the question very hopeful.

The opponents of the thesis that an opaque lens can be modified by medicines often cite the *very aged* as more than usually hopeless. But I propose to bring a case showing that even an octogenarian may be materially benefited, and get a considerable amount of useful vision restored. It is the oldest case I have ever treated, and has turned a few scoffers into respectful listeners. I do not give all the treatment, but only the relevant part of it.

Mrs. —, aet. 81, came under observation at the end of the year 1880, suffering from cataract of both eyes, diagnosed by various physicians and specialists. Her vision was much impaired; reading had become impossible, and she could barely recognize a person in the street, or the pictures on the walls of my consulting-room. Thinking the case hopeless, principally on account of her advanced age, I did not enter with my wonted minuteness into her case, but gave *Chelidonium* 1x, five drops in water night and morning

*February 2nd, 1881.*—She came and said she felt more comfortable in her *mouth*, her tongue being less hard and stiff; vision the same. Thinking there might be yet a glimmer of hope for the venerable lady—at least that absolute blindness might possibly be averted—I went into her case with greater care. I found she had occasional diplopia, and things seemed farther off than they really were. But the thing that had long distressed her was this: *On awaking in the morning her tongue was as hard and stiff as a board.* That this should have any connection with the cataractous lenses was not apparent; still it was the *most constant, peculiar, and characteristic symptom*, and, moreover, a very distressing one. I turned up a Repertory, and finally decided on *Sulphur iodatum* (see Symptom 40 in Allen's *Encyclopædia*). Considering the general character of the remedy and the pathology of the disease, I did not hesitate, but gave six grains of the fourth centesimal trituration every night at bedtime.

*March 21st.*—My report for this day in my case-book reads thus:—"Hardness and stiffness of tongue gone, and she had it two years; it was quite distressing; sees *decidedly* better at a distance."

"She came by rail to town to see me, and a married daughter was in the habit of meeting her at the station. When she first came to me she was not able to recognize her daughter on the platform, but this morning she recognized her already at quite a distance, and that readily, and can as readily discern my pictures.

Rep.

*July.*—Vision much improved; can now read an article in the newspaper.

R. *Iodium* 30.

*August.*—Receive word from the daughter that patient now sees so well that she does not propose continuing treatment any longer. She reads books with large print comfortably.

*September 15th.*—A lady friend of the patient called about her own condition, and remarked, "Mrs. — now reads the paper from an hour and a half to two hours every day."

She is now eighty-two years of age.

*London, September, 1881.*

This is my thirty-fifth reason for being a homœopath

## XXXVI

You are in a sense quite right in saying that my last-cited case was not a complete cure, but kindly note that I did not say it was; moreover, the *cure* was enough, for what more does an octogenarian want than the power to read the newspaper by the hour? As my thirty-sixth reason for being a homœopath I will mention one other case of cataract—this time so completely cured that patient can read *No. 1*. Is that good enough?

The lady came first to me in June, 1884, being then fifty-eight years of age, and as clear-thinking, hard-headed a sceptic as ever you saw. The diagnosis was made by an eminent specialist, whose opinion you would not dream of doubting. You see he is so sweetly orthodox! If he were to turn homœopath, however, he would not (thereafter) know a lens from a broom-handle!

I looked humbly at the lenses—both of them—and found them uniformly milky-opaque; but as I am not an oculist, and, besides, am so sorely heterodox, you will not care to know how the lady's lenses appeared to my optics; so just take it parenthetically as it were, that *to me* they were "kinder darkish like": cataract our orthodox specialist calls it! Well, I discharged her cured in July, 1887, and able to read *No. 1*. As I said before, is *that* good enough? In any case it is my thirty-sixth reason for being a homœopath—so I bid good-bye to cataracts for the present!

P.S.—In case you should care to know what remedies this lady took, I subjoin a list, viz. *Urea* 6 and then 12, *Psoricum* C, *Calc. carb.* C, *Sulphur*  $\phi$ , *Silicea* 30, *Thuja* C, *Calc. carb.* 30, *Causticum* C, *Silicea* C, *Caust.* 30, *Lapis alb.* 30, *Sulphur* 30, *Conium* 1, *Calc. fluor.* 30, *Graphites* 30, *Chelidonium*  $\theta$ , *Hepar* 3, etc., etc. The reasons for giving them I cannot explain here, but the patient's lenses are now so clear that she sees to thread needles.\*

## XXXVII

You take exception to the *number* of remedies used in my last case, and want to know "which cured the case?"

\* NOTE.—The indications for all these remedies may be found in any *Materia Medica Pura Homœopathica*.

Will you get a long ladder and put it up against the side of your house, and mount it so as to get into your house by the top window ; and when you have safely performed the feat, write and tell me which rung of that ladder enabled you to do it.

I sympathize with your objection, because it was once my own great stumbling-block in accepting the results of homœopathic treatment ; it may perhaps be adequately explained somewhere in the vast literature of the homœopathic fraternity, but I have never come across such an explanation, and hence have had to work it out for myself. I will put it to you thus :—In difficult, chronic, complicated cases of disease you require not a remedy but a ladder (series) of remedies, not one of which can of itself effect the cure, but each of which works cure-wards, their cumulative action eventuating in a cure—THAT is how I cure cataract, and many other chronic diseases that are currently held to be incurable by most men of all shades of therapeutic opinion. I regard this power of utilizing a long series of remedies for the cure of difficult chronic cases as only second in importance to the law of cure itself. I originally learned the thing in conversation with Dr. Drysdale of Liverpool, though not formulated by him, and I doubt if Dr. Drysdale ever did formulate it. In my own mind I call it the *ladder of remedies plan*. It is what I often heard Dr. Drysdale call “a course of medicines”.

I often compare the cure of a difficult case of disease to a game of chess in which you have king, queen, bishops, knights, rooks, and pawns, the various powers of which you must learn before you can play chess.

You do not expect to play chess without learning the game, but you do expect to be able to treat homœopathically without even knowing the homœopathic pawn ! Hence my writing you all these reasons for my being a homœopath is a futile farce. I am, in fact, writing to you about chess without your knowing the pieces or even the board !! Still here is my thirty-seventh reason.

It is more than a dozen years ago that I, in the North, attended a very wealthy lady, about seventy years of age, for acute mania. The friends had, under the advice of the local practitioner, decided to send her to an asylum, but I objected to that course, being very sure she would never come out again. I have had charge of an asylum myself,

and *know well* that, therapeutically, anyone that goes to an asylum is lost. They are treated with great kindness, and kept from harm and mischief, but as to curing them—well, the “mad doctors” never even try! and, indeed, it is useless to treat the demented allopathically. But good genuine homœopathy would cure half the inmates of our asylums. You will question my statement, I dare say, but it is the bare simple truth all the same. It has been well and learnedly argued in theory and often proved in practice, as you may find for yourself if you will refer to our hereto-relative literature.

Homœopathic (and other!) practitioners are often hoodwinked by the personal surroundings of a patient, and to be pitchforked into a nest of unbelievers to cure a desperate case is verily no pleasant position to be in, as any physician of the homœopathic ilk knows but too well.

Now my patient had a lady companion who cast a withering glance at my humble self, and I knew instantly that *she* would baulk me in my efforts to cure, unless I prevented it. So I informed her that either she or I must go, or she must solemnly promise to obey all my orders with regard to the patient, “for,” said I, “you do not believe in homœopathy, do you?” “No indeed, I do not!” And that young lady’s look of scorn and contempt!

Thanks to *Baptisia* and other common homœopathic remedies my patient made a complete recovery, and never had a relapse.

This is my thirty-seventh reason for being a homœopath, and if ever I lose my reason and become maniacal, great Father in heaven, send me a homœopathic brother, who will treat me as I treated Mrs. B—.

### XXXVIII

If you really wish to know the remedies that “did the trick” in my last *reason*, you have only to look into our literature *with a humble receptive mind*, and you will soon spot them!

I must get on with my task, which is beginning to pall upon me, and I really cannot spare the time.

Not very long after I said goodbye to my ex-maniacal patient I was one afternoon sitting in my consulting-room,

when who should appear on the scene but the before-mentioned lady companion of my said ex-maniacal patient.

"Doctor," said she, "as you have cured Mrs. B—, I have been wondering whether you could also cure my sister, who is in an asylum suffering from mania; she is very bad, and the doctors say they have no hope of her, as she has been violent for so long."

I enquired somewhat into the nature of the case, and gave as my opinion that homœopathy could cure her.

The plan was communicated to the superintendent of the asylum, who called me some very hard names, the first of which was that I was a deceiver, and that I knew perfectly well that she would never get well. We required the help of three or four people to bring her in a special carriage, and her violence was dreadful for many weeks.

For more than twelve years this young lady has been as sane as you or I, and has during all that time fulfilled the ordinary duties of an independent English lady. If you care to know what medicines did the good, you will find the whole case reported in the *British Journal of Homœopathy*, about a dozen years ago. I remember figures with difficulty, so I cannot give you the exact date. The young lady went with her mother to see the said asylum physician after she was well, but this cure did *not* lead him, so far as I ever heard, either to apologize to me for his vulgar slanders of me, or to investigate the system of medicine that helped me to cure where he failed, and which cure is my thirty-eighth reason for being a homœopath.\*

### XXXIX

The weather is bad to-day, so I am not busy in my chambers; sick people cannot get out in this dreadful weather, and that gives consulting physicians a little time to ruminate. However, a gentleman of seventy-nine, whom I have just converted to homœopathy, was here just now, and his case must afford my thirty-ninth reason. It has the merit of being short and needing no particular introduction. He came to me last August,

\* *Note*.—This lady still continues quite well (1896).

and what fixed my attention was his striking resemblance to the late Lord Cairns, who, by the way, was a homœopath, as was also Archbishop Whately, *the logic man*. Fancy the great logician a homœopath !

Well, my patient had been to many eminent physicians in this London of ours for what he called "windy dyspepsia". He is in great and almost constant pain, full of foul flatus, constant diarrhœa, often involuntary, which is a terrible distress to him.

He was greatly improved in a few months, and the remedies which did it were *Arsenicum* 5, *Nux vomica* 5, *Sulphur* 5, *Lycopodium* 12, and *Colocynthis* 3x.

Said the old gentleman, somewhat sententiously, "These medicines seem to suit me."

## XL

An officer in the army brought his twelve-year-old daughter to me on November 13th, 1886, telling me that she had something growing in her mouth. A similar growth had come a year ago, when his family surgeon excised it ; in six months from the time of the operation it had grown again, making it difficult for the child to eat her food, as it caught the tongue and teeth, and then bled. This time the doctor ligatured it off thoroughly, leaving a hole, and informed the father that this time he hoped its roots were got rid of. Now it has grown again at the side of the said hole. On examining the mouth I find in its left side, just to the left of the frænulum linguæ, a warty fleshy excrescence, of the shape of a cock's comb, about a quarter of an inch broad at its base, and nearly a quarter of an inch high. Patient has normal teeth ; the tongue is coated and she is very pale. I ordered *Thuja occidentalis* 30 internally, in infrequent dose, and a mouth wash of *Thuja* φ, two drops in a desert-spoonful of water night and morning ; to keep it bathing the growth as long as possible, and then expectorate.

As this brought the growth down to the size of a pea, treatment was discontinued, but she then bit it on three successive occasions, whereupon it again took to growing, and in January, 1887, when I saw it, it was about as big as a horse-bean. This time I ordered *Sabina*, just as I had previously ordered *Thuja*. Under the *Sabina* patient took



on a healthy look, but a small piece of the growth still persisted, when I ordered *Cupressus lawsoniana* in like manner as the *Thuja* and *Sabina* had been used. That was in March, 1887, and I did not see her again. But I met her father in October on another matter, when I enquired about the case, and he replied, " Oh, she is quite well ; the lump has been gone a long time, but the hole is still there."

So if you ever get a little cock's comb growth in your mouth, take my advice and have it treated homœopathically, for it is, as you see, much better than either excision or ligature, and you will thereafter have no " hole " to mark the *locus in quo* ; and let the little tip stand as my fortieth reason for being a homœopath.

## XLI

Deafness is a very troublesome thing to deal with, but it is worth while being a homœopath, were it only for the power it gives one over deafness. I never could make out what you allopathic fellows did for deafness beyond the everlasting syringing. I have peered about in the aural departments of big hospitals, and read the books of noted aurists, beginning with a namesake of my own, but could never find that they did any real good beyond clearing away mechanical hindrances. And even in homœopathy it seems to me that our specialists rely far too much on cutting, scraping, and syringing.

I have very often cured deafness with the aid of homœopathy, but most of the cases have needed so many remedies that I could not cite them without occupying too much space.

A lady of sixty, of the *Vieille noblesse catholique anglaise*, came to me in December, 1886, sent by her daughter, whom I had cured of neuralgia. The daughter had neuralgia of right side of head very badly, that she thought originally came from a *coup de vent*. She spent the winter of 1885-6 in Nice, and one day sat next to a gentleman at the *table d'hôte* ; they compared notes about their state of being, when it transpired that the gentleman had previously suffered from the very same sort of neuralgia, and in the identical spot, and that for many years until he came to me, when I (thanks to homœopathy)

cured him. I had intended giving the case of deafness as my forty-first reason for being a homœopath, but I will alter my plan, and instead give this cure of neuralgia.

The lady was forty years of age, and came to me in April, 1886; the pain was in the right side of brow, face, ear, and neck, and had been on ever since the preceding November.

*Thuja occidentalis* in a rather high dilution and infrequent doses cured the neuralgia in a few weeks, and the lady in question has thought this brilliant cure of her neuralgia of itself sufficient for becoming a homœopath, and if it be enough in itself to convert the sufferer to homœopathy, it will surely be good enough to be one of my fifty reasons, and that the forty-first.

## XLII

Having begun in my last communication to give you a case of deafness as my forty-first reason, I fell back on a case of neuralgia that had been suggested by it, and so that leaves the deaf lady to do duty now. Well, she came in December, 1886, because I had cured said neuralgia.

"You cured my daughter's neuralgia, so perhaps you can cure my deafness."

It was a case of long standing that had been under the best aurists, and they had syringed it and done their poor little best, giving temporary ease, but not touching the essence of the complaint, which was due to chronic inflammation and swelling of the walls of the external meatus on both sides.

In five months the lady was quite cured, and the remedies were *Thuja*, *Psoricum*, *Sabina*, and *Ceanothus*, and one other.

This lady has also become a homœopath, and now employs for her family the homœopathic practitioner living near her house, and her cure must stand as my forty-second reason for being a homœopath.

## XLIII

I gave you the cure of a dermatitic state as my last reason for being a homœopath; nosologically we called it deafness. Let me advance a little on the merely inflammatory

state, and give as my forty-third reason for being a homœopath the cure of a small growth. I will call it—

# ENCHONDROMA INDICIS CURED BY *Calcarea fluorica* ALONE

A maiden lady of sixty came to consult me on October 13th, 1883, telling me she had a shiny swelling on her left index finger, which had been there for about eighteen months. The lump was hard and painful, and of about the size of a small split walnut, but rather flatter. Patient was very nervous and depressed.

R. Trit. 3x *Calcarea fluorica*. Six grains four times a day, dry on the tongue.

October 27th.—Very great improvement.

R. Rep.

November 3rd.—The cartilaginous nature is now clearly to be felt.

R. Rep.

10th.—The swelling continues to get softer.

R. Rep. (dry on the tongue).

17th.—Still progressing; softer and smaller; on its middle-finger side it has taken on inflammatory action, as if it were going to gather, being hot, red, and more swelled.

R. Rep.

24th.—The tumour is softer and smaller, and patient is beginning to bend her finger, which had previously become quite impossible.

R. Rep.

December 1st.—Still improving.

R. Rep.

15th.—Finger is much more normal in colour, and still progressing. Patient went on with the same remedy until a short way into the new year. I saw her the last time on December 29th, when she was nearly well.

If I remember rightly Grauvogl was the first to use and to recommend the fluoride of lime for enchondroma.

The interest of this case lies not so much in the importance of the tumour (it was only the size of half a walnut, or thereabouts), but rather in the fact that only one remedy was used, and no other, and no change was made either in diet or place of abode. The lady had a hard lump on her finger for eighteen months; she took a course of *Calc. fl.*, to the choice of which homœopathy led me, and the lump went away.—Q.E.D.

## XLIV

I have before pointed out to you that I love the grand independence conferred upon me by homœopathy: when I have a difficult case I do not want to slide softly away from responsibility by the support of a consultative old foggy, whose brains have long since gone to sleep and whose *raison d'être* is only medico-social. I want to cure my patient, and were it only for the mental satisfaction. Now, guided by homœopathy, and a wee bit of reasoning power, I can generally do this.

Read the following case of—

TRAUMATIC SWELLING OF RIGHT BREAST CURED BY  
*Bellis* ALONE

I adduce the following case of a swelling in a young lady's breast, rather to exemplify in a neat way the curative range of the *DAISY* in the treatment of tumours.

No experienced practitioner will deny the important part played by bruises, blows, and falls, in the genesis of tumours and cancer; and hence our anti-traumatics ought to figure much more largely in our therapeutics of growths from blows. Before giving my case I will quote a very instructive note on this very question that appeared as leader in the first volume of the *Homœopathic Recorder* (Philadelphia), No. 4, July, 1886.

It runs thus :—

MALIGNANT GROWTHS

In the preceding number of *The Recorder* there appeared three items concerning malignant growths, which deserve more than passing notice. One is the history of the development of a malignant formation as the result of the frequent mechanical irritation of a simple mole on the face, another recounted the cure of an extensive sarcomatous growth by an intercurrent attack of erysipelas, and the third contained the analysis of a series of cases of carcinoma in all of which there was antecedent injury by mechanical or chemical means; in the latter selection the writer asks in all seriousness: Is cancer, whatever its form, ever primary—i.e. does it ever originate without previous injury?

A thorough study of the symptoms of each individual case, with the view of finding the exact simillimum, the exhibition of the latter in different attenuations, if necessary, changing the remedy only when a change of symptoms demands it, and extreme watchfulness for involvement of the neighbouring glandular structures, make up, it appears to us, the duty of the physician. Whether he would be justified in holding out any hope of cure by internal medication after evidences of systemic infection exist, must be decided by his own experience; but, as there are always cases in which operation is inadmissible, or in which it will not be allowed, opportunities will not be wanting to continue treatment with the properly chosen remedy.

If statistics of our treatment can be collated and analysed, the results will, we feel sure, give encouragement to physicians and sufferers as well, and demonstrate anew, and in a strikingly brilliant manner, the value of our law of cure.

We earnestly hope, then, that those of us who hold hospital or dispensary appointments will endeavour to employ the method of internal medication in cases of malignant growths whenever it is fairly admissible to do so, and that records of cases containing diagnoses checked off as to their accuracy by every method known to medical science, together with the symptoms in full and the treatment used, may soon appear in our journals. Thus will be laid the foundation for a new and lasting monument to homœopathy.

Without going so far as the author of this article, I must certainly say I attribute some of my success in the treatment of cancers and other tumours by medicines to a due recognition of the traumatic fact, not in diagnostics merely, but also in therapeutics.

Miss L. C., aged thirteen years, came under my observation at the end of July, 1879. About eight weeks previously a miserable lad in the street hit her on the right breast with considerable violence; from that time on, this breast became swollen and very painful, until at length she was quite unable to lie on her right side. Patient's mother was *poitrinaire*, as was also her brother, and my experience teaches me that the members of *poitrinaire* families are particularly liable to suffer from blows.

At first no notice was taken of the young lady's complaints, but week after week went by, and she persisted in referring to the pain in her breast. Whether any domestic means had been employed I do not now remember, but eventually I was sent for, as vague notions of tumour and cancer rendered the parents uneasy. On comparing the breasts, the right one was found to be by much the larger, being swollen and very tender.

I thought this a very proper case for testing the anti-traumatic virtue of the old English bruise-wort, and hence prescribed thus:—

R *Tc. Bellis perennis* 3x. 3ij.

S.—Three drops to be taken in water four times a day. The result was a very rapid disappearance of pain and swelling, and in a fortnight patient could lie again on the right side. And a few days later an examination showed that the swelling had entirely disappeared.

Nothing whatever was applied to the part, no change was made in diet, mode of life, or place of abode, and as the thing had already existed for eight weeks, the positively curative effect of the *Bellis* can hardly be denied, which is the one point this case is meant to exemplify and to teach, and that because it is so very difficult to demonstrate positively the effect of any *one* remedy when the tumefaction has become a genuine neoplasia, or hyperplasia.\* Too many of my cases prove this.

## XLV

Just one other case of a new-growth as my forty-fifth reason for being a homœopath. You will see that the *general character* of a drug often helps us where our law becomes more or less *insaisissable*. It is a—

### TUMOUR IN THE THROAT

A married lady of fifty-four came on August 8th, 1883 to consult me about a lump in her throat. In the left side of the top of the neck there was a hard body about the size of a hen's egg, but flatter. The tumour had been there for a very long time, and with it she had had much throat irritation. It was situated to the left and behind the larynx, but whether actually connected with the

\* In this case there was, of course, no hyperplasia.

œsophagus or larynx, I could never quite satisfy myself. It moved up and down with the act of deglutition.

R Trit. 3x *Sul. iod.*, 3iv., gr. vj. ter die.

August 22nd.—No change.

R *Psor.* 30.

October 5th.—The throat—i.e. the fullness, uneasiness, pain and distress in the throat—is very much better, and the tumour has sensibly diminished in size.

R *Thuja occid.* 30.

November 1st.—The tumour is about half gone.

R *Psor.* 30.

29th.—The tumour about two-thirds gone; general health good.

R *Thuja* 30.

December 21st.—There is some tickling in the throat. The tumour is larger again, and the patient feels choky.

R *Psor.* 30.

January 14th, 1884.—The tumour has again sensibly diminished in size.

R *Psor. C.*

February 8th.—Tumour still swollen.

R *Merc. viv.* 5.

March 3rd.—“I feel the lump very much less, about half its original size,” said the lady. She has much rheumatism in ankles and knees.

R *Silicea*, 6 trit., in frequently repeated doses.

31st.—Has been visiting a friend suffering from consumption, and since then has spit a little blood-streaked phlegm; has a good deal of tickling in the throat.

R *Psor.* 30.

April 16th.—No coloured expectoration for a week, and then very trifling; the tickling in the throat is better, but the throat feels very rough. The tumour is rather smaller.

R *Sul. iod.* 3x, six grains three times a day.

30th.—No coloured expectoration for the past week; the tickling in the throat is very much better, but talking brings it on. The tumour has lately not altered sensibly in size, but it is more self-contained, and one can now demonstrate that it is not connected with the larynx, being in the areolar tissue, behind and to its left. Has a good deal of rheumatism.

R *Tc. Condurango* 1, 3iv. Five drops in water three times a day.

May 21st.—Thinks it is not so well ; tickling sensation in the throat is worse. Feels the spring. The throat is worse in the morning and when tired.

R. *Thuja* 30.

June 10th.—Throat rather better ; has only had the coloured expectoration once, but the voice is hoarse, and she feels her throat weak. Has rheumatism in ankles and knees, worse after motion. The tumour is a trifle smaller.

R. *Urea* 6.

June 11th.—More blood-coloured expectoration. Has had all the symptoms of a cold ; aching all over with tingling, and feeling giddy and ill ; aphonia ; much tenderness in the neck ; rheumatism better ; urine thick (unusual) ; violent tickling in the throat with scraping and dryness ; *the tumour is nearly gone.*

The throat symptoms are worse night and morning, and when she is tired.

R. *Tc. Phytolacca decandra* 1, ʒiv., gtt. v., n. m.

August 6th.—Better in every way ; the tumour is barely to be found.

R. Rep.

September 3rd.—Feels practically well. I can find the small remains of the tumour only with great difficulty.

R. Rep. (at night only).

November 13th.—Still a little uneasiness in the throat.

R. Trit. 3x *Sul. iod.*

28th.—Nearly well.

R. Rep.

December 31st.—The tumour can not be found, but she still complains of a husky voice.

R. Trit. 4 *Kali brom.*

I did not see the patient again for some months, as the tumour had quite disappeared, and she herself felt quite well, but she came to me again on

April 10th, 1885, complaining of tickling and irritation at the old spot.

R. *Psor. C.*

May 11th.—She feels easier in the throat, but the tumour is returning.

R. Trit. 3x *Sul. iod.*

November 25th.—The lump is still increasing.

R. *Psor. C.*

This lady came again on February 15th, 1886, and for the last time on April 30th, 1886, when I discharged her



cured. I see her son occasionally on his own account, and thus know that she continues quite well, and has a very healthy general appearance.\*

I am beginning to breathe more freely now, having only five more *Reasons* to bring forward. Confess candidly, do you not wish homœopathy were socially *tres comme il faut*, and to be had for the asking? A lady of high rank said to me three years ago, "If you were *not* a homœopath, Dr. Burnett, I could make your fortune." Said I, "Well, my lady, I am very sorry not to enlist you in the laudable undertaking of making my fortune, which would be at least very nice for those dependent upon me; but I *am* a homœopath, and fortune or no fortune, I thank God for this much of His truth."

It is late and I am tired, but I trust you will be able to read my cacography.

## XLVI

I have given you a good many details in my last three or four reasons to let you see the light in which I write so far as that is possible to you in your ignorance of the scientific treatment of disease in the sense in which I understand it. You will pardon the lately given journalistic quotation as bearing on the subject-idea; it is the only one I have inflicted upon you in this lengthy correspondence, and I will not trouble you with another.

Now, I have a partiality for cases with a good sound pathology that can be seen, felt, cut out, put into the scales and weighed! They seem so much more proof-affording than mere symptoms in given parts, as headache or neuralgia, as these often depart of themselves. But, generally speaking, you may bet on the permanency of a good solid tumour. As my forty-sixth reason, therefore, I must give you the notes, as short as may be, of a rather rare affection, viz. :—

### TUMOUR OF RIGHT BREAST IN A MAN†

Although tumours of the breast are much more common in women than in men, still they do also occur in the

\* 1896—No return of the tumour, and patient continues quite well of herself.

† So rare are such cases that I have never seen but three such.

breasts of males, more particularly in later life. Such a one is the following :—

On April 23rd, 1881, there came to me a rather tall, spare, cachectic-looking gentleman, a London professional man, of about seventy years of age, telling me that ever since the previous February he had been greatly worried, and this was followed by a sensitiveness in his left nipple, which soon passed off and went to the right nipple, wherein it still was. On examining the part I found it the seat of a hard, tumid mass, of the size of a pigeon's egg. Patient first noticed it was swelled a month previously. It is not actually painful, but there is a sensation of fullness and uneasiness, and he cannot lie on it, hence it arrests his attention.

R *Psor.* 30, m. vi. ; s. l. q.s., ft. pulv., tales xij., j nocte.

May 7th.—There is still a sensation of fullness in it ; patient thinks it is softer, in which opinion I share. It is a little smaller. Since taking the powders he has had some bilious attacks.

R Rep.

May 21st.—It is much smaller ; there is much less sensitiveness, and patient can now sleep lying on his right side, which was previously not possible.

R Rep.

May 28th.—The sensitiveness is now confined to the nipple alone, still he can sleep lying on it. He is constipated, and his tongue is thickly furred.

R *Hydrastis canadensis* 3x, 3iv.

S.—Gtt. v., nocte maneque.

June 14th.—The sensitiveness still continues, but it has very much decreased.

Rep.

July 2nd.—Less sensitiveness ; tumour still decreasing in size ; on the sternum, on a level with the nipple, there is a scabby eruption of the size of a threepenny piece, having a red ground, the rest being yellowish. He is still constipated.

R *Tc. Hydrastis canad.* 6, 3iv., gtt. v., n. m.

July 23rd.—He has scabs\* on the scalp ; a yellow scab at the middle of the sternum ; also on his hands. The nipple is no longer sensitive at all.

R *Tc. Thuja occid.* 30, in infrequent doses.

\* I often notice scabby eruptions occur under the influence of our remedies given in cases of tumours, when said tumours are diminishing in size.

*August 13th.*—The tumour has disappeared, with the exception of one of the size of a hazel nut. There is still some scaly eruption on the sternum.

*Psor.* 30 (two to a month).

*September 16th.*—No trace of the tumour to be found. There is still a patch of reddish scaly eruption on the skin of the chest.

*R Tc. Chelidon. maj.* 3x, gtt. iij., nocte.

*October 13th.*—No trace of tumour; still a circular patch at mid-sternum. Bowels a little relaxed.

*R Trit. 6, Nat. sul.*

*October 27th.*—Well; and has a healthy complexion, whereas it was, at the beginning of the treatment, quite earthy.

Six years have elapsed since then, during all which time the patient has remained well of the tumour—i.e. it has never returned. Two or three times or more in every year the gentleman is in the habit of coming to see me, "To be kept in repair." Before I began the treatment I was importuned by his friends as to whether I was *quite* sure it was safe to forgo an operation, "which you know, Sir J.—says is the only *chance*!"

What did the friends say *after* the tumour was cured by remedies? Were they grateful? Perhaps; they have so scrupulously avoided the subject ever since that I have no means of knowing.

Nevertheless the tumour remains cured, and that is the main point.

If you care to know *my* opinion of the pathology of this tumour, I wish to say I think it was *scirrhus*. That it was a very hard lump is quite sure.

Speaking biopathologically, *more meo*, the basis of the thing was PSORO VACCINOSIS.

Only four more *Reasons* are now due to you; are *you* prepared to "come down the tree yet"?

## XLVII

One can hardly have to deal with a more formidable affection than *Angina pectoris*, and in its treatment homœopathy can do great things. It is, however, a mighty mistake to treat the cases all alike, as quite a number of different diseases give rise to the usual anginal

symptoms ; the cases must be diagnostically and therapeutically differentiated if they are to be really cured.

A short time since it was my duty to see a lady in Belgravia with *Angina pectoris* ; unwonted domestic drudgery, loss of loved ones, fright, loss of fortune, had led up to it.

Apart from the anginal attacks there was a chronic, constant pain across the præcordia, running away under the left breast. For years blisters had been applied at intervals with temporary relief, till they could no longer be borne. Patient was very depressed, sulky, and morose ; the menses suppressed. *Aurum metallicum*, 3 trituration, 6 grains every four hours, cured the constant pain in a week, and the anginal attacks have thus far not recurred, and patient smiles now and is bright. The menses have, however, not appeared, and for this she remains under treatment.

I do not expect you to realize the difference wrought by the Gold, inasmuch as in my allopathic days I should have flatly refused belief in my present statement. Hence if you now feel the same, I can sympathize with you, and I therefore will not insist further than to place it on record as my forty-seventh reason for being a homœopath.

## XLVIII

Led by the law of likes, I have been able to do very satisfactory work with Gold as a remedy in disease ; if you care to know, I wrote a book on the subject some years since, wherein I say :—

The following is a case of dropsy of the lower extremities, which came under my observation two years ago. I was fetched, I think it was one Sunday, to see a lady ; it was feared she was beyond recovery. I found my patient, a lady of about fifty, in bed ; her lower extremities were swollen, painful ; they pitted on pressure, and were worse at night, better in the morning. This cedema had been coming on for a week or two, but it had usually quite disappeared by the morning, and thus caused but very little anxiety, but now it had greatly increased even in bed, and very naturally was causing great alarm. Dropsy is almost always a grave symptom, though not always. In this case I think it was. There was a history of many

illnesses, and altogether this drug-picture presented itself :—

1. There was dropsy, and patient had—
2. Great depression of spirits, amounting to—
3. Profound melancholia.
4. Then there was great difficulty of breathing, and
5. Weak pulse and feeble heart.
6. She was psoric, and had a good deal of—
7. Discharge from the nose, that at times contained some blood.

I gave her the *Muriate of gold* in the third decimal dilution, but I do not remember the exact number of drops or the repetition of the dose, but the dose was not less than one drop (it may have been two or three), and as often as every two or three hours, and given in water.

The case got rapidly well, all the oedema having permanently disappeared in less than a week. Eighteen months after this she informed me she had never since had any return of the dropsy, though her health was anything but good. This was only a recent case, and, though grave, was yet not severe as to the dropsy, but the despondency was almost a substantive malady.

In this case Gold acted as a veritable pick-me-up, and I submit that the remedy was homœopathically indicated, and the cure a homœopathic one ; about the dose I will not quibble ; with me the best dose is the one that cures.

This happened just ten years ago, and the lady is still alive and fairly well—so let it stand as my forty-eighth reason.

## XLIX

In human life we have our favourites ; we have them in our families, and in therapeutics I have a great fondness for certain remedies, one of which is GOLD.

The allopaths say Gold is no medicine at all, because it is an insoluble metal ! That's what the best Professors of *Materia Medica* taught me ; it is fundamentally false all the same !

Oh, the silly, silly things they teach one at the schools ! What a frightful heap of old fossil beliefs !

For Gold is no mere function disturber, but a producer of organic change, and hence its brilliant effects in organic

mischief. The vascular turgescence of *Belladonna* and that of *Aurum* are very different affairs.

The following interesting and instructive case once occurred in my practice, viz. :—

# RHEUMATIC ENDOCARDITIS IN THE COURSE OF RHEUMATIC FEVER

I was fetched one day in February by a gentleman in the city to see his wife, a lady of about fifty-five or sixty, who was lying very dangerously ill at the end of the third week of rheumatic fever. This gentleman, who is an old homœopath of thirty years' standing, and whose knowledge of drugs and disease is really remarkable for a layman, had treated patient himself, and with no inconsiderable success considering the severity of the case, but suddenly patient's condition became very alarming on account of the rheumatism having apparently seized upon the heart. I found this condition : patient was propped up in bed and breathing very hurriedly ; the lips bluish ; tongue dry and coated ; anxious expression of face ; puffy under eyes ; moist bubbling small râles all over chest, with cough ; pulse rapid, compressible, and intermittent ; action of heart floundering ; loud endocardial bruits ; slight dropsy of feet ; no appetite at all, could just suck a grape or sip tea ; profuse perspirations ; limbs swelled and painful, the joints almost as firmly locked as if ankylosed ; cannot move hand or foot for pain and from this swelled, inflamed state of the joints ; flesh of hands puffy ; bones of hand swelled, almost immovable, and tender.

I ordered *Aurum foliatum* (pure gold), 2nd trituration, very frequently. Alone and no auxiliaries.

Why did I order *Aurum* ? Because it affects the heart and respiration very much like they were affected in this patient, and because it, moreover, produces profuse perspiration, profound weakness, anorexia, and great anxiety. Then the bones were greatly affected.

February 18th.—A little easier. Rep.

19th.—Better in all respects. Rep.

20th.—Considerable improvement in the action of the heart ; breathing comfortable ; is out of danger. Rep.

22nd.—Continued improvement. Rep.

24th.—Quite comfortable. Continue with *Aurum* and take *Nat. sul.* 6th trit., in alternation with it. My reason for alternating was that I thought it imprudent to leave off the Gold, and yet *Nat. sul.* was now indicated.

March 2nd.—Is up sitting by fire. Appetite good.

6th.—Heart, joints, bones, and hands free from rheumatism ; is sitting by fire quite comfortably ; appetite good ; tongue moist but slightly furred ; feet swell a little towards evening.

This case so well illustrates the action of Gold on the organic tissue of the heart that I will leave it as my forty-ninth reason.

When I saw patient first I gave a bad prognosis, and had it not been for the Gold I fear it would have been realized. Auxiliaries did not do it, for I used none ; faith in the doctor did not cure her, for patient had never seen me before.

Patient's recovery was complete.

## L

Here I am, my dear allopathic friend, arrived at my FIFTIETH REASON FOR BEING A HOMŒOPATH.

I mentioned as my forty-seventh reason a case of Angina pectoris cured by metallic gold, and awhile ago I stated to you that I considered the wide applicability, the immense range, the broad scope of homœopathy afford ample reason for adhering to it as a practical system of curative medicine.

As my last-to-be-given reason, let me write off from my " Diseases of the Skin from the Organismic Standpoint " the following—premising, merely, that the remedy used was *Sulphur* 30 !—

### ANGINA PECTORIS FROM SUPPRESSED SKIN DISEASE

One Sunday morning, some ten years ago, a gentleman ushered his wife into my consulting-room because she had been taken with an attack of *Angina pectoris* in the street, on her way to church. Though only a little over thirty years of age, if so much, she had been subject to these attacks of breast-pang for several years ; they would take her suddenly in the street nailing her, as it were, to

the spot, and hence she no longer went out of doors alone, lest she should faint away or fall down dead, as was apprehended.

An examination of the heart revealed no organic lesion, or even functional derangement, and I could not quite see why a comparatively young lady should get such anginal attacks. She had been under able men for her *angina*, but it got no better, and no one could apparently understand it. I prescribed for her, and saw her subsequently at her home, to try and elucidate the matter. I let her tell me her whole health-history from her earliest childhood. She said she was getting to the end of her 'teens, and was preparing to come out, but she had some cracks in the bends of her arms that were very unsightly; these cracks had troubled her from her earliest childhood. Erasmus Wilson was consulted; he gave her an ointment which very soon cured her skin, and the patient came out socially, made a hit right off, and got married in due course. She had always been very grateful to Erasmus Wilson for curing her arms, for otherwise, "How could I have appeared in short sleeves?"

But there soon followed dyspepsia, flatulence, dyspnœa, and palpitation, and finally the before-described attacks of *angina pectoris* threatened to wreck her life. Moreover, she had borne one dead child. As I have already said, there was no discoverable cardiac lesion, and from the lady's health-history I gathered that this cure of her skin (though to me the one important point) was to her of no causal importance.

I gave my opinion that her skin disease had never been *really* cured, only *driven* in by Wilson's ointment, and that her *angina* was in reality its internal expression or metastasis. No one believed it, however. I began to treat her antipsorically, and very soon—I think it was less than a month from the Sunday morning visit—the old cracks reappeared in the bends of the elbows, and *from that time on she had no further attacks of angina* at all, and thenceforth she bore living children.

I am not ignorant of the range of the art-cure of disease in the wide literature of the world, and I affirm that outside of homœopathy *such* grand therapeutic work has literally and absolutely no existence.

Should it be the will of the Most High that I live on in my present vigour, I shall have yet a great deal more to



say to the world in regard to homœopathy and other views of curative medicine ; if not, then let these *Fifty Reasons* be my legacy to my country and to my fellow-man the world over. I say this because I intend to publish them, omitting, of course, all recognizable reference to your individuality. And of you personally I have very small hope, for well do I know that though one rose from the dead yet would you allopaths *not* believe in any, and therefore not in my " Fifty Reasons for being a Homœopath."

*Adieu sans revoir*

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even in regard to the tonsils some authorities in the old school are waking up to the fact that they may have been put where they are for some useful purpose, and not solely for the surgeon's benefit. I quote the following from the *Homœopathic World* of April, 1893:—

### THE TONSILS.

In the *Revue Homœopathique Belge* of December, 1892, Dr. Martiny adduces weighty reasons against excising or even cauterising the tonsils. He quotes from a work (*Etudes Générales et Pratiques sur la Phthisie*) by Dr. Pidoux, which was accorded by the Faculty of Medicine the prize of 10,000 fr.

# *NATRUM MURIATICUM*



(CURES WITH COMMON TABLE SALT)

AS A TEST OF THE DOCTRINE OF  
DRUG DYNAMIZATION

BY  
DR J. COMPTON BURNETT

THE HOMOEOPATHIC PUBLISHING CO.  
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# NATRUM MURIATICUM

## AS TEST OF THE DOCTRINE OF DRUG DYNAMIZATION

THE theory of the dynamization of drugs was, perhaps, an arcanum of the jatrochemists in the Middle Ages, and was promulgated by Hahnemann as a doctrine, while this century was still young, and it may be regarded as the natural outcome of his law of cure ; he says :—

“ The homœopathic healing art develops for its purposes the dynamic virtues of medicinal substances, and, to a degree previously unheard of, by means of a peculiar and hitherto untried process (i.e. by triturating and shaking). By this process it is that they become penetrating, operative and remedial, even those that, in a natural or crude state, did not exercise the least medicinal power upon the human system.”—*Organon*, §269.

Then again, §275—“ The appropriateness of a remedy for a given case of disease depends not alone on its being homœopathically just the right one, but it also depends as much on the right strength or sufficient smallness of the dose. If you give too large a dose of a remedy, even though it be fully homœopathic to the morbid state present, and be it never so harmless in itself, it will be sure to do harm simply by its quantity, and by the unnecessary overstrong impression which it will make by acting exactly on the parts of the organism rendered tender and weak by the natural disease, and this it will do by the very reason of its like homœopathic action.”— (§273 of 4th German edition.)

According to Hahnemann then, the strength (size) of the dose is very important, and the more homœopathic our remedy in a given case the greater the danger of doing harm.

Many followers of Hahnemann accept his law only and cast aside the theory of increasing the remedial power

of a drug by trituration or succussion as irrational and unscientific, and these are by no means the least accomplished or least scientific of them, and also by no means the least popular. Perhaps we may go so far as to say that the more a man is prone to scientific research, the less easily can he conceive it possible to exalt the remedial energy of a drug by diminishing its quantity even though the diminished quantity be spread out over an indifferent medium ; and the more popular he is, the less likely is he to tread the tortuous path. Thus Dr. Kidd tells us (*Laws of Therapeutics*, pp. 34, 35. London, 1878) : " Twenty-seven years ago I saw the essential truth of Hahnemann's law was totally independent of his speculations about dynamization. Adopting with great delight the law of *similia similibus curentur* as the chief, though not the only, foundation for therapeutics, I learnt for myself that Hahnemann's sober teaching, the use of the pure undiluted tinctures, was a far better guide to heal the sick than Hahnemann 'drunk' with mysticism, calling for the exclusive use of infinitesimal doses. The latter I cast aside *in toto* as untrustworthy and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses."

Dr. Kidd's position entitles his opinion to great respect, but until he publishes satisfactory accounts of those sick " whose diseases too often remain stationary under treatment by globules " [was the *right* medicine in those globules ?] we take it only as his own subjective opinion, fully concurring in his own quotation from Plato that " nothing can be more repugnant to an ordinary mind than the thorough sifting of deep-seated, long-familiarized notions."

Dr. Kidd also states (op. cit., pp. 33, 34) : " Truth is greater than Hahnemann, and of *late years* his speculations about ' Psora ' and ' infinitesimal doses ' have been *tacitly given up* by all the most skilful and intelligent of his followers." The italics are mine.

This sentence contains three propositions. First, that truth is greater than Hahnemann ; admitted as a truism. Secondly, that of late years Psora and Dynamization have been *tacitly* given up ; admitted as to some,



but not as to the vast majority.\* But even suppose it were true of all, would the presence of nothing but atheists in the world do away with the Supreme Being? And thirdly, that these *tacit* up-givers of "Psora" and "infinitesimal doses" constitute "all the most skilful and intelligent of his followers".

Of course we all know that those poor psoric dilutionists have neither skill nor intelligence; and besides,—Codlin's the friend, not Short.

The absolute proof that the apsorice crude-druggists monopolize "all the skill and intelligence" lies in their *tacit* mode of doing the doughty deed. They have invented a new system of philosophy—the *tacit method*, and "cast aside" exclaiming, "get thee behind me, for I am more skilful and intelligent than thou art."

But casting the doctrine aside without adequate experimental enquiry does not become science because it is done by a scientist; we are all very apt to leave the rules of scientific investigation at the door when we involuntarily feel we *will* not have a thing be true.

The writer has long been cast about on a sea of doubt and perplexity with regard to this doctrine of drug dynamization; he has frequently listened to the arguments brought forward for and against it, and frequently himself joined in ridiculing it, constantly feeling himself *unable to believe it possible* that the remedial potentiality of a given drug could be increased by any process of subdivision whatever, in fact, by any process whatsoever. The question is constantly presenting itself to one's mind thus: can the billionth of a grain be potentially more than a grain? and the ready answer willingly follows—impossible. It may be conceded that the doctrine of drug dynamization is *a priori*, absurd: so is homœopathy. How can a drug that causes diarrhœa cure diarrhœa? Surely it must make it worse. What, castor oil for an alvine flux? Clearly it cannot cure it. Yet experiment shows that what causes diarrhœa *does* indeed cure diarrhœa; like *does* cure like whether we

\* Since writing this I have been honoured with a copy of an Address delivered before the Annual Assembly of the British Homœopathic Society, June 20th, 1878, by R. Douglas Hale, M.D., etc., Vice-President of the Society, and on page 6 read, *inter alia*, . . . . "We emphatically deny that we have ceased to employ the infinitesimal dose."

believe it or not ; and hence, what is *a priori* absurd, may be *a posteriori* true. We are all very apt to lose sight of the fact that our beliefs have nothing to do with truth. Truth is truth whether it be believed or not. The born blind may not believe in the existence of the sunlight because he does not see it. Sound is absurd to the deaf.

The existence of the word paradox shows that things apparently absurd and untrue may yet be true in fact.

However, there is this to be well considered. In the drug treatment of disease we have to deal with conditions and not with entities, and it is not paradoxical to suppose that two like and equal forces may neutralize one another. Two equal showers of rain will make the ground wetter than one, but a pair of scales weighed down with a one-grain weight is restored to equilibrium by the addition of another one-grain weight on the other side ; it is similar in its action, and like in its power, only it works at the other end of the beam. Here the state of equipoise is brought about by similar means that are also equal : rest results from two motions.

Those ignorant of homœopathy laugh at it ; the writer went through this laughing stage of ignorance, but did not find it very blissful, and so was constrained to put the doctrine of similars to the test of scientific experiment, and found it a true one of great practical value. Almost all homœopaths have come that way. Hence disbelieving a thing does not disprove it.

Those ignorant of the doctrine of drug dynamization in truly scientific practice, laugh at it ; so did the writer, and that in very good company ; but finding that Hahnemann spoke truly in regard to drug action, he thought that circumstance some slight presumptive evidence in favour of his other doctrine that remedial power is developed and increased in a drug by trituration and succussion.

Therefore he put the theory to the test of careful clinical experiment with the result that he has passed considerably beyond the laughing stage. The results obtained from clinical experiments ought to satisfy the most critical mind, if not blinded with prejudice, for they constitute the only scientific method of settling the question at all either one way or the other.

But it is much easier to satisfy one's mind about the truth, or otherwise, of homœopathy than about the truth or falseness of the theory of potentizing drugs.

Expediency and policy can have no weight with us : if the Hahnemannian doctrine of drug dynamization be, as it is averred on competent authority, a great stumbling-block to the profession, and a hindrance to the spread of the major doctrine of similars, we can only regret it, but must proceed, and also insist upon it before the whole world, in the path of truth seeking *coûte qui coûte*. What can be more beautiful than truth for its own sake ?

In casting about for the best method of carrying out these clinical experiments various plans suggested themselves, but no very satisfactory one.

In the first place, we cannot accept most acute diseases as appropriate for experimentation, because of the many objections that may reasonably be offered to the results of any treatment of them. It is said that almost all acute affections tend to recovery of themselves. If an experiment result in apparently shortening the course of any such affection, it is objected that the *vis medicatrix naturæ* did it ; or, the disease being one that runs a definite course if treated expectantly, the diagnosis is called in question.

Propos of the expectant or do-nothing method. If one of our learned fraternity declare his non-belief in medicine and give only a placebo *without prayer*, we think him *very* scientific, a great pathologist, and a fine kenner of the natural course of disease ; he watches Nature's ways purely and simply, desiring to be neither her minister nor her master, but only her observer, and the law protects him and the faculty honour him. But let one of the unlettered Shaker community do the same thing *with prayer*, and the law and the faculty unite to punish him. So if there be not one law for the poor and another for the rich, there are one for the doctor and another for the Shaker—and all the worse for the Shaker.

But to return, the writer believes that he sometimes succeeds in breaking up measles with the aid of *Gelsemium* and *Sulphur*, but it might be a very difficult matter to satisfy another that he really does.

Hence, acute affections of fixed nosology are mostly eliminated as offering too many difficulties, in private practice especially.

Of chronic affections a great number are also not appropriate ; thus a chronic ulcer of the leg may suddenly take on a healing action independently of the treatment ; a chronic bronchitis or other congestion may be suddenly made better by change of temperature or the veering round of the wind. Still there remain some chronic complaints that are eminently fitted for experimentation *more particularly certain symptoms or groups of symptoms.*

Of course no alterations are to be made either in diet or hygiene, or place of abode.

Having determined on the kind of case best adapted for proving or disproving the doctrine of drug dynamization, another serious difficulty presents itself, viz. :—whether the drug that supposedly proved itself curative of a given ailment, for instance, in the billionth dilution, did so simply because it contained some of the right medicine. Thus if a headache disappear in three days, under the use of *Gelseminum* 6, and granted that it disappeared *propter hoc*, how are we to know that there was any dynamic effect there since probably it may have yielded to five drops of the fresh juice of the plant perhaps even more promptly ? Therefore it should be shown that the crude substance in various quantities and in a soluble condition failed to effect the cure.

Here, again, another difficulty crops up. You must give the remedy in substance *first*, for the dilution might cure, and whether it did or not the experiment would fail ; if the dilution cured there would be no opportunity of trying the crude substance, and if it failed to cure the experiment would of course fail altogether in the present sense.

Therefore you give the drug in substance first of all. Then comes this other question : how long does the substance given continue to influence the economy or the disease in it ? Suppose we were to assume a fortnight as the duration of its action, say of *Bryonia* 6, might not the objection be raised that *Bryonia* 6 continues to influence the organism for three weeks, and therefore the cure supposedly effected by *Bryonia* 6 in the third week might in reality have been due to the *Bryonia* 6 ?

Again, this would have to be determined for every single drug, since the duration of their action is held to be different.

So the thing bristles with almost insuperable difficulties. Still the matter calls for elucidation and, if possible, settlement.

For it has been affirmed by many able practitioners, by Hahnemann himself, and it is being daily and hourly re-affirmed by men of sound science that drugs *do* act differently and better when dynamized. In fact, many affirm, as did Hahnemann, that the doctrine is of transcendental importance, as many serious diseases can only be cured with dynamized drugs, being entirely incurable with the same drug in substantial doses, and so often altogether incurable unless with a highly potentized remedy.

Yet we cannot accept any man's dictum, and faith can have no place in science. *In verba magistri jurare* does not advance science one whit, but neither does mere sceptical negation.

Any experiments on the subject, to be satisfactory, must be of such a nature that they may be repeated by others, proper circumstances and material being given.

It seems to the writer that there is one drug above all others in the materia medica which may greatly help in the elucidation of this important subject, viz. *Natrum muriaticum*. He has not the pretension to settle the question one way or the other, except for himself, but he thinks his ideas on the subject, together with a few clinical experiments, may prove suggestive to his professional brethren, and possibly advance the cause of truth a little.

He will advance it historically, that is as the thing arose and grew in his own mind stimulated by observation.

OBSERVATION I.—Mrs. B., æt. 24, came under treatment in 1876, in the early months of pregnancy, with very severe neuralgia of the face. The case proved itself very obstinate, and many drugs were fruitlessly tried, but eventually it yielded to *China* given in the form of pilules saturated with the matrix tincture, which drug was chosen because of *perspiration breaking out*

when the pain became very bad. The neuralgia constantly re-appeared, and finally *China* ceased to have any effect. Then *Populus tremuloides* was given simply because of its being a congener of *China* and did good, in fact quite cured for the time.

This pregnancy passed and my patient consulted me again, being again enceinte early in 1877, for the same kind of neuralgia, and this time its obstinacy nearly reduced her and her physician to despair.

The case was treated in the old Hahnemannian fashion according to the totality of the symptoms which were very few and apathognomonic, the neuralgia being always bad, and always worse, and apparently not ameliorated by anything.

After many weeks of fruitless endeavours to cure this neuralgia with medicines chosen from the repertory, I turned to Guernsey's *Obstetrics* (2nd edition) and found I had already tried all those given in his list at pp. 372, 373, 374, except two; these two I then fairly tried and again failed. So my patient had received *Aconite*, *Belladonna*, *Bryonia*, *Calc. c.*, *Cocculus*, *Cimicifuga*, *Coffea*, *Gels.*, *Glom.*, *Ignat.*, *Mag. c.*, *Nux. v.*, *Puls.*, *Sepia*, *Spig.*, *Sulph.*, *Verat. a.*, *China*, *Populus*, and some others. Besides which she had applied, often in almost frantic despair, nearly every known anodyne, so that the soft parts of the face seemed almost macerated.

Here I suggested change of air (what should we poor practical physicians do without this *ultimum refugium*), but circumstances prevented her from leaving Birkenhead for more than a day or two, so her husband took her for little outings to New Brighton and Southport, and Chester, when it was observed that the neuralgia was worse at the seaside and better inland.

A happy thought struck me that this might be due to the salt in the air at the seaside, and, being moreover absolutely at the end of my tether, I acted on it and gave *Nat. mur.* 30, one pilule very frequently: the neuralgia at once began to get better and in a day or two was quite well. It subsequently returned at intervals, much less severely, but promptly yielded to the same remedy in the same dose. The 30th dilution was chosen simply because some pilules of this strength were in patient's chest.

The patient was quite satisfied that the *Nat. mur.* 30 effected the cure, and so was I, and so will many others be, but in a general way the case will not carry conviction to unprepared minds and still less so to prejudiced ones.

Hitherto, I had had no great respect for *Natrum muriaticum* as a remedy, in fact none whatever, having but rarely, if ever, prescribed it. Indeed, how can a sensible man believe that the common condiment salt, which we ingest almost at every meal, can possibly be of any curative value, especially as some are known to eat salt in considerable quantities every day and that without any *apparent* deleterious effect.

Dr. Hughes in his *Pharmaco-dynamics*, 2nd edn., p. 411, says "I really know nothing myself of the virtues of Salt." We find him now, however, a riper homœopathic scholar, for in the 3rd edition of the same admirable work, p. 561, he gives an interesting case of defective nutrition, showing itself especially in emaciation with dry and ill-coloured skin, accompanied with depression of spirits and suspected abdominal disease. Here a few occasional doses of *Nat. mur.* 30 changed the whole condition and initiated a complete recovery.

This testimony is very valuable and especially gratifying to me, and, moreover, carries conviction to my mind. It is evident that Dr. Hughes unwillingly yielded to a belief in the doctrine of drug dynamization, and would fain have continued to "know nothing of the virtues of salt".

To believe in salt as a remedy is almost synonymous with believing in the doctrine of drug dynamization, and a belief in this doctrine is extremely repulsive to one's common sense. Perhaps the proper spirit would be gratitude to a beneficent Creator.

*Worse at the seaside* has since proved itself a valuable indication for *Natrum muriaticum* with me.

OBS. II.—A young gentleman of about 21 years of age came under treatment for Synovitis of right knee with considerable effusion. Patient had a dirty looking skin, was constipated and had many *Nat. mur.* pains in the lower extremities.

R *Natrum muriaticum* 6.

Fiat. pul. gr. vj.

Dose.—One in water every three hours. Rest in the recumbent position.

I did not see the patient again, but he was observed by my colleague, Dr. Reginald Jones, who kindly gave me the following report: "The medicine purged the patient so severely that it had eventually to be left off; it also produced a great discharge of the urates, the urine becoming very thick therewith."

No other medicine was given and patient was quite well in a fortnight.

Dr. Jones was much interested in the action of the remedy and declined to accede to the patient's request to be allowed to discontinue the medicine because of the purging. Patient's friends at length became alarmed at the catharsis and his brother called upon me to beg that the medicine might be discontinued.

This case being acute might have got well of itself in the manner described, and *Nat. muriaticum* possibly had nothing to do with it.

We know that synovial effusions will often spontaneously rapidly disappear (Sir Thomas Watson).

The diarrhoea ceased when the medicine was discontinued, but this may also have been mere coincidence: critical diarrhoeas tend to cease of themselves.

This case is not given in the expectation that many will credit *Natrum muriaticum* with having anything to do with the course of the case, but to introduce—

OBS. III.—Mrs. M., æt. 50, or thereabout, had a most severe attack of Rheumatic fever, the joints being much swollen, red and distressingly painful. The usual homœopathic treatment was adopted but with no great success. It was her fifth attack of rheumatic fever. Between the third and fourth week Dr. Jones and I saw her together and found this condition: ill-coloured skin; obstinate constipation; foul tongue; *urine very pale and limpid*; great depression of spirits; fever; joints red, swelled and painful; great restlessness; low and desponding of the future; sour perspirations; insomnia; bed-sores, and great weakness.

We agreed in the opinion that the emunctories had almost left off work and required to be brought back to their duty. A sharp cathartic combined with a diuretic



seemed to be indicated by the general condition, but contra-indicated by the profound adynamia, and hence the blessing of a *refractissima dosis*. My consultant's observation in Case II. caused him to suggest the same remedy. So we put patient on *Nat. mur.* 6 trit., as much as would lie on a shilling every two hours in water.

No other medicine was given, and no auxiliaries used.

Next day her urine became a little cloudy; the second day the bowels were moved and the urine had a red deposit; then diarrhoea with loaded urine set in; the swelling, redness and pain in the joints went away; the skin became cleaner looking; the tongue cleaned gradually, the perspirations ceased, her spirits became brighter, and in ten days from beginning the medicine she was in full convalescence, though still very weak.

Patient suffers from chronic asthma with slight emphysema, and is always obliged to sleep in a semi-recumbent position, but for six weeks after this critical evacuation she was able to lie down in bed like anyone else without any dyspnoea.

Many months have elapsed and she is now about in her house and drives out, still asthmatic and has *chronic* rheumatic pains here and there. Her tongue was cleaner for two months than I had known it for the previous three years.

This patient lives ten miles away and was not seen often, but the husband brought daily reports, and when doing so pleaded hard day after day that the *Natrum muriaticum* might be discontinued because of its purging so severely, he fearing lest it might weaken her too much. On that account it was then given interruptedly, but with no other medicine, and the alvine and renal functions fluctuated accordingly.

Hahnemann says (*Chronische Krankheiten*, 2nd edition, vol. iv., p. 348): "Pure salt (just the same as any other homœopathic somatic force dynamized) is one of the most powerful antipsoric remedies."

And higher up he speaks of it as an heroic and violent remedy that, when dynamized, must be cautiously administered to patients.

Then he exclaims: "Welche unglaubliche und doch thatsächliche Umwandlung!—eine anscheinend neue Schoepfung!"

Still it goes against all common sense and all one's notions of things, and no man may be blamed for declining to accept such a preposterous proposition, merely on trust; it is scarcely possible to accumulate sufficient facts to get anyone to listen to it, much less to believe it.

Dr. C. M. retorts: "There are more things in heaven and earth, Horatio, than are dreamt of in thy philosophy."

OBS. IV.—At this stage of things I felt curious to know what the sixth centesimal trituration of *Natrum muriaticum* might do to my humble self pathogenetically, I being in my usual health. So I took nearly  $\text{ʒiv.}$  in about ten days in little pinches dry on the tongue at odd intervals. It produced—no, that's too bold a statement. I got gradually during that time a deep crack in the middle of my lower lip, which swelled and became burning and very painful; the *Natrum muriaticum* may have had nothing to do with it, but I gave it up and both crack and swelling went away. I never had the like before, nor since.

The same symptom is noted by Hahnemann, and Dr. Allen in his *Encyclopædia*—but removed by the latter from the regional division of the "lips", and placed under "skin" which is not only confusing, but also a mistake.

OBS. V.—Mr. H., æt. 45, came under treatment for great pain in the stomach which sent him to bed and kept him there in great agony.

The last year or so he has been subject to these attacks of epigastric pain, and I was sent for to relieve this as on previous occasions, and the wife specially requested me to give something not only for this attack but to use whenever the attacks came on. He had, besides the pain, vesicles on the lips drying up into scabs. I gave *Nat. mur.* 6 trit. gr. vj. every two hours in water; next day (observed by Dr. Jones) it was followed with a great discharge of the urates and a regular attack of gout. Has since remained free from these attacks of pain, and this is now many months since.

It is impossible to tell whether the *Natrum muriaticum* had anything to do with the metastasis of the gout from the stomach to the big toe; moreover it is not now medico-scientifically fashionable to believe in metastasis.

OBS. VI.—A girl of 15 suffering from Hemicrania dextra and cloudy, thick, red, sedimentous urine. I gave

her *Nat. mur.* 6 trit. and received shortly thereafter a written report "urine quite free from sediment or cloud in a way it has not been for long". The megrim was not affected.

The young lady and her mother attributed the changed condition of the urine to the powders; the urine had been in the abnormal condition for a long time and my ordination consisted only in prescribing the powders. Weeks afterwards the urine continued clear.

This case is not adapted to carry conviction to the mind, as we know that many atmospheric changes and accidental circumstances of all kinds alter the state of the water at once.

OBS. VII.—A baby on the bottle some three months old. I find it has not slept well for some time and is now very *restless* and *fretful*, and *vomits water*. Give *Nat. mur.* 6 trit. It *at once* began to sleep two or three hours at a time and the watery vomiting ceased. Two days afterwards measles broke out.

The mother conceived a very high opinion of the soothing, soporific effect of the powders.

OBS. VIII.—Mr. P., æt. 26, has had very thick urine for months, and for two months very great pain in small of back, worse on bending and very much worse when digging in the garden. Gave *Nat. mur.* 6 trit. The back pain and turbid urine disappeared in four days and did not again appear.

This case carries a little weight with it, and looks something like a medicinal cure.

OBS. IX.—A lady, æt. 54, with *Stillicidium lachrymarum* and bad chronic yellow excoriating *Leucorrhœa*, *Nat. mur.* 6 trit.

In one week the *Leucorrhœa* had quite disappeared but the *Stillicidium* was worse.

Chronic *Leucorrhœas* are not apt to disappear spontaneously in one week, though its possibility cannot be denied.

OBS. X.—Unmarried lady, æt. 24, Polyuria; constipation with much flatus; amenorrhœa these two months. First symptoms *worse at the seaside*. She is rather thin with an ill-coloured skin. *Nat. mur.* 6 trit.

In a few days the menses appeared, and the renal and alvine functions became normal.

She had passed her second menstrual period.

A causal nexus between the taking of the *Natrum muriaticum*, and disappearance of the symptoms is not easily established here.

OBS. XI.—A clergyman's wife, about 50 years of age consulted me on February 29th, 1878, complaining of severe dyspepsia with other symptoms of *Natrum muriaticum*. My visit was a hurried one so I did not enter very fully into the case. *Nat. mur.* 6 trit. vj grains in water twice a day was the prescription; it cured in three days these symptoms: "*Hiccup* occurring morning, noon, and night, *for at least ten years* which was brought on by Quinine; it was not a hiccup that made much noise but 'shook the body to the ground'; it used to last about ten minutes and was 'very distressing'."

How do you know that the hiccup was really produced by quinine? I enquired. She answered: "At three separate times in my life I have taken quinine, for tic of the right side of my face, and I got hiccup each time, the first and second time it gradually went off, but the third time it did not; when the late Dr. Hynde prescribed it, I said, do not give me quinine as it always gives me hiccup, but he would give it me; I took it and it gave me hiccup which lasted until I took your powders; it is more than ten years ago since I took the quinine."

The cure of the hiccup has proved permanent.

This patient is a most truthful Christian woman and her statement is beyond question.

She has been a homœopath for many years and my patient off and on for more than three years, during which time I have had to treat her for chronic sore throat, vertigo, palpitation, and at one time for great depression of spirits.

She had also previously mentioned her hiccup incidentally but I had forgotten all about it, and on this occasion she did not even mention it, so as far as the hiccup goes the cure was . . . a pure fluke! But it set me a-thinking about the Hahnemannian doctrine of drug dynamization for the thousandth time and has seriously shaken my *disbelief* in it.

Hiccough is a known effect of *Chininum sulfuricum* : Allen's *Encyclopædia*, vol. iij., p. 226, symptoms 370 and 379.

We note from this case that :—

1. The effects of quinine, given for tic in medicinal doses to a lady, may last for more than ten years, that—

2. *Natrum muriaticum* in the sixth trituration antidotes this effect of quinine while—

3. The same substance in its ordinary form, viz. common salt, does *not* antidote it even when taken daily in various quantities and in various forms for ten years. Inasmuch, then, as the crude substance fails to do what the triturated substance promptly effects, it follows, therefore, that—

4. *Trituration* does so alter a substance that it thereby acquires a totally new power, and consequently that—

5. The *Hahnemannian doctrine of drug dynamization* is no myth but a *fact in nature* capable of scientific experimental proof, and, inasmuch as the crude substance was taken daily for many years in almost every conceivable dose, in all kinds of solutions of the most varied strength it results—

6, and lastly. That the *Hahnemannian method* of preparing drugs for remedial purposes is *not* a mere dilution, or attenuation, but a *positively power-evolving or power-producing process*, viz. a *true potentization or dynamization*.

This case is probably as good a one as we may ever expect to get, and it might here fitly close the subject as far as its simple demonstration is concerned, but I have others in my case-book both corroborating it and presenting new features.

Before leaving this Case XI. let us reflect for a moment on the certainly immense number of modifying and perturbing influences this lady had been subject to during those ten years, as well as living at the seaside and including the daily use of salt and yet her hiccup persisted until *dynamized salt* was given.

Before coming to these conclusions I exhausted all my ingenuity in trying to explain it away, and that backed by no small amount of scepticism, but I cannot avoid them do what I will. Moreover I require more scepticism not to believe it than to believe it.

I am thus in a dilemma : either I must believe in the doctrine of drug dynamization or disbelieve the most incontrovertible evidence of facts, which is the province of the demented.

Or canst thou, critical reader, being more ingenious and more sceptical than I, help me out of the dilemma ? Fain would I believe thou canst, for this doctrine of drug dynamization seems to take away firm material ground from under one's feet and leaves one standing in the air. But I must emphatically decline Dr. Kidd's *tacit method* as going quite beyond my skill and intelligence.

The next observation of which I have notes, is

OBS. XII.—A lad, æt. 12, living at Parkgate. He suffers for some time from constipation, loss of appetite, dirty looking complexion, emaciation, frontal headache going round to the back, sleepiness towards evening and first thing in the morning, urine thick with nasty smell.

Excepting the "nasty" smell, which the boy could not define, I find all these symptoms in the pathogenesis of *Natrum muriaticum* in Allen's *Encyclopædia of Pure Materia Medica* and numbered respectively 529, 353, 251, 885, 64, 970, 561.

Therefore *Nat. mur.* 6, and that six grains in water forenoon and afternoon. After taking 24 powders he returned cured of all the symptoms except the odour of the urine and the emaciation, and "feeling very much better". The prescription was repeated and patient did not return. His father subsequently informed me that the cure was complete.

OBS. XIII.—Young lady about 28 years of age : emaciation, chlorosis, for eighteen months slight bearing down in the hypogastrium, gradually getting worse, and the last week increasing to very severe cramp beginning in the back and coming round to the pubic arch, and, when walking, felt severely in the knees, had frequently to sit down to get relief from the hypogastric pain, urine muddy for a long time, obstinate chronic constipation, the mouth is dry but there is no thirst, taste disagreeable, bitter.

Nearly all these symptoms are in the pathogenesis of *Natrum muriaticum*. Hence *Nat. mur.* 6, twenty-four

six-grain powders taken in a fortnight resulted in the *permanent disappearance of all the symptoms* excepting the emaciation and the chlorotic condition, for which she was put on *Phosphorus*.

As to the emaciation she gained six pounds in ten weeks, but this gain in weight was partly made while under *Ferrum 6*, for hæmoptysis, chronic cough and large moist râles in the left lung, and these symptoms having disappeared under *Ferrum 6*, she went into the country for three weeks and returned with the above symptoms.

In this case the *Natrum muriaticum* certainly cured the constipation and with it the intra-pubic pain.

OBS. XIV.—Gentleman, æt. 34 or thereabouts, has suffered from a *general feeling of chilliness* (attributed by himself to a poor circulation), for *more than two years*, *sleepiness and drowsiness* after dinner for two months, compelling him to go and lie down; black spots before the eyes; disagreeable taste in the mouth, sour; watery eyes; urine clear; bowels moved twice a day; looks very pale.

Ordered him *Nat. mur. 6* trit. six grains in water twice a day.

Having taken twenty-four of such powders he paused a few days and returned stating that the *chilliness had quite disappeared* and also the *postprandial drowsiness*, the black spots had quite disappeared but were returning again a little, the sour taste was gone, the watery state of the eyes as bad as ever, *the urine had become cloudy*.

In this case the medicine was evidently quite homœopathic to the condition of the patient, and it is manifest that the *Nat. mur. 6* profoundly affected his organism, as the chilliness of more than two years' duration quite disappeared, as also the after-dinner drowsiness.

Of course these sensations may not be indicative of profound organic lesions, but they are not indicative of a normal condition either, but the evidence of drug action does not hang on this. The symptom that brought him to me was the postprandial drowsiness, as it materially interfered with his business in the afternoon (he dines early). He formerly lived in Tranmere and then always felt this drowsiness; he afterwards came to live in Birkenhead itself and during his residence here did not feel it,

but on removing again to Tranmere the old drowsiness re-appeared and he thought he would have to leave the neighbourhood to get rid of the troublesome symptom. The billionth dilution of *Sodium chloride* has saved him this trouble.

Was it faith that cured him of his drowsiness and chilliness? If so, what rendered his water cloudy? Besides, this was our conversation.

"Was that a kind of salt you gave me, doctor?"

Why?

"Because I showed the prescription to my old school-master and he said you were giving me salt."

Yes. It was salt in what we homœopaths call the 6th centesimal trituration, i.e. the billionth dilution.

"Do you think it can have had anything to do with my chilliness and drowsiness going away: could it have affected the circulation and liver (his theories) like that?"

A broad grin was on his face when he put the last question; then he checked himself and apologized for it. No one will, I opine, maintain that an open mouth with a broad grin are specially expressive of faith that worketh a cure of chilliness of two years' duration.

When formerly living in Tranmere and suffering from this postprandial lethargy he was treated allopathically and homœopathically for it without avail, the *latter* treatment included that wonderful vegetable mercury, *Podophyllum peltatum* given because "it was liver". Do we not all know that *Podo.* is good for the liver? That being so the livers of very many people must be preternaturally good, for a veritable podophyllomania has been raging for years under the commercial ticket of "homœopathic".

Microscopical sections of the livers of some of these *Podophyllum*-eaters might be instructive as showing the pathological outcome of direct liver irritation; the gin-drinker's liver we know, the *Podophyllum*-eater's liver awaits an histographer.

There is one thing to be said in favour of the *Podophyllum*-givers: they are impartial and give it to all alike.

But this is digressive.

Here let me note that I have noticed that some of the *Natrum Muriaticum* affections are worse in cold, and better in warm weather.



OBS. XV.—Lad of 12 came under observation on March 30th, 1878, suffering from a group of symptoms that collectively are conveniently called Phlyctenular ophthalmia. The left eye was spasmodically closed from the photophobia. A month before he had caught a cold in this eye, and it had remained closed, inflamed and painful ever since, and was not getting any better. On everting the lids an ulcer in the cornea is observed, resulting evidently from a burst phlyctenula of about the size of a split pea. The dimness of vision from this ulcer determined the parents to seek advice, they fearing the "eye" was being affected. To leave an ophthalmia for a month without seeking advice is a phenomenon that will greatly surprise many, but *not* medical men.

The prominent symptom in the case was the great lachrymation, and this is very characteristic of *Natrum muriaticum*. So six grains of *Nat. mur.* 6 trituration was given in water three times a day.

April 6th. Opens his eye wide and sees quite clearly; the photophobia, pain, inflammation and lachrymation gone; the ulcer nearly so.

Continue the medicine.

Excepting some very faint leucomatic streaks the cure was complete in a few more days.

Patient had formerly been long under my treatment for caries of the petrous portion of left temporal bone, and had got quite well of it.

*Sodium chloride* has an ancient reputation as an antiscrofulosum, as we all know.

OBS. XVI.—Boy of 9, with ganglion on leg of the size of a small hen's egg. Has been under my treatment for many months with no good result except very slight amelioration from *Sticta pulmonaria*. *Silicea* did no good. On Dr. Schüssler's recommendation (*Abgekürzte Therapie, Vierte Auflage*, p. 46, Oldenburg, 1878), I gave *Nat. mur.* 6, six grains in water night and morning.

Three months later I received by letter the following report:—"The swelling on the little boy's leg, I am glad to say is much better—a *good deal* smaller, now about the size of a small nut, and rather more in its original position—not so much under the knee joint as it was."

Continue the medicine.

OBS. XVII.—Lady, æt. 63. Regular gout in left big toe and foot. Patient is fond of beer.

R *Nat. mur.* 6 trit. Six grains every two hours.

In four days all symptoms had disappeared. Here I *did* order her to leave off her beer, but was . . . not obeyed.

Patient since this keeps a stock of these powders on hand, and calls them her "gout powders"; they have since promptly relieved two or three similar attacks, as I learn from her daughter.

Since treating this case I have used *Nat. mur.* 6 trit. frequently repeated, in several other cases of gout, with *very* great satisfaction indeed.

Query: Does the remedy cause an increased elimination of the urate of sodium? I think it probable.

OBS. XVIII.—April 21st, 1878. John H., æt. 29, seaman, had fever and ague two or three times a day, with watery vomiting, in Calcutta, in September, 1877. Was in the Calcutta Hospital three weeks for it, and took emetics, quinine and tonics. Left at the end of the three weeks cured; but before he was out of port the ague returned, or he got another, and he had a five month voyage home to the port of Liverpool. During the first three months of this homeward voyage he had two, three, four, five attacks a week, and took a great deal of a powder from the captain, which, from his description, was probably Cinchona bark, then the fever left him, and the following condition supervened, viz., "Pain in right side under the ribs; cannot lie on right side; both calves very painful to touch, they are hard and stiff; left leg semiflexed, he cannot stretch it." In this condition he was two months at sea, and two weeks ashore; and in this condition he comes to me hobbling with the aid of a stick, and in great pain from the moving.

Urine muddy and red; bowels regular; skin tawny; conjunctivæ yellow.

Drinks about three pints of beer daily. I recommend him not to alter his mode of life till he is cured, and then to drink less beer. The former part of the recommendation he followed, as I learned from his brother; of the latter part I have no information.

OBS. XI. bears directly on this one, we having evidently to do with an ague suppressed with *Cinchona*. Therefore

ordered *Nat. mur.* 6 trit. Six grains in water every four hours.

April 27th.—Pain in side and leg went away entirely in three days, and the water cleared at once; but the pain returned on the fourth day in the left calf only, which to-day is red, painful, swelled and pits. He walks without a stick.

Continue medicine.

May 4th.—Almost well; feels only a very little pain in left calf when walking. Looks and feels quite well, and walked into room with perfect ease without any stick.

He thinks he had a cold shake a few nights ago. He continues to perspire every night; ever since he got the ague the sheets have to be changed every night.

Continue medicine.

May 11th.—Quite well. No medicine.

July 20th.—Continues well.

The last two reports were obtained by me from his relations, he, being well, not thinking it worth while (notwithstanding his promise to report himself) to come again after the third visit on May 4th.

Considering that patient had been a fortnight here on shore before coming to me, it is not probable that his rapid cure after taking the *Nat. mur.* was due to the climate. Still this is the weak point in the case, if it have any.

Patient and doctor both think the medicine wrought the cure; others may think differently.

It is to be noted that the salt provisions and sea air during a voyage did not cure it.

OBS. XIX.—Mrs. B., æt. 53. For four or five weeks *cold shakes* many times a day and night, beginning in the shoulders like cold creeps, and going down the back and then all over; cold creeps in legs in bed at night; head cold and sweaty; nauseous taste in mouth; great sleeplessness these four or five weeks, viz. wakes at 2 a.m., and is unable to get off to sleep again.

She is very tearful; merely describing her symptoms brings tears into her eyes.

R *Nat. mur.* 6 trit. Six grains in water every four hours.

On my calling a few days later to see how she was progressing, I got the following report:—"The cold

creeps and shakes left off after the first powder." (She speaks of the powders subsequently as "those powders that made me warm".) Feels altogether warmer now, not like the same, and sleeps well. She never had ague.

Two months after this I had occasion to see her daughter, when patient (the mother) said, "Those powders did me so much good that I have been better than I had been for years."

Subsequent to the cure I thought I should like to know whether patient was in the habit of partaking of salt with her food; and on enquiring was much astonished to hear the following statement from her:—

"About a year ago I was recommended by a friend to take a good deal of salt, as she thought it would be good for me, and since then I have taken about one-and-a-half teaspoonfuls a day often spread on bread."

Query: Was this a case of chronic salt poisoning antidoted by its own dynamide?

This is a most interesting observation indeed. Here we have a lady who in addition to partaking of salt in the ordinary way with her food, and in her food, had actually partaken of one-and-a-half teaspoonfuls of salt daily for a twelvemonth, and was even still doing so during the cure, *and yet the very first powder of triturated salt* wrought such a marked change. The difference in the look of the patient was also remarkable: at my first visit she came to me in her drawing room with a shawl over her shoulders, and looking evidently cold; at my second visit only a few days later she wore no shawl, and was quite free from any chilly feeling.

This lady suffered for years from *Angina pectoris* (true breast-pang), and had been given up by members of both schools to the brandy bottle; but under my treatment (extending over two years) she made a complete recovery, having been now quite well of it these 18 months.

OBS. XX.—Mrs. W., æt. 60. Came under treatment for coldness of the legs from the knees to the feet, for three months; she cannot keep them warm in any manner; at night she wraps them up in flannel, and encases them also by day, but still they are cold; the coldness is subjective but not objective; she suffers also very much from sleeplessness and great nervous irritability.

R *Nat. mur.* 6 trit.

At the next visit a few weeks afterwards she reported that she had been promptly cured of her old insomnia, and also of the coldness of the legs, but the legs were not as she would like, the coldness having given place to a burning feeling, especially in the veins of the part, which now swell. She no longer wraps up or encases her legs, but on the contrary they are almost too warm.

To continue the medicine.

The cure was permanent. The medicine so improved her nervous state that she still speaks of it as the "powders that soothed her nerves".

OBS. XXI.—Constipation, of long standing, in a pale anæmic young lady of 23; only one motion in two or three days.

R *Nat. mur.* 6 trit. Twenty-four six-grain powders, one in water forenoon and afternoon.

This one set of powders quite cured it; there is now daily stool. Also the menses came on a week late (*very* unusual), and the usual painfulness was absent; they were also not so excessive as usual.

OBS. XXII.—A gentleman, æt. 60, with œdema of the præputium for some weeks; severe intertrigo between thighs and scrotum, with a good deal of acrid discharge, and considerable excoriation; this condition has existed for many months, notwithstanding daily ablutions often several times repeated. Patient is arthritic and very melancholy and despondent.

His skin is very dusky and unhealthy looking.

R *Nat. mur.* 6 trit. Six grains four times a day.

In a week the œdema and intertrigo were nearly well, and he was in very much better spirits, and at the end of the second week he was well. He continues well, and the skin of his face is lighter in colour, but the colour of that of the trunk remains as before. The change in his mood was quite remarkable.

OBS. XXIII.—Gentleman of 35. Pain in left side of lower jaw extending to the end tooth of left upper jaw, and up to the left eye, always after food, throbbing wrenching pain, *making the tears come into his eyes*; the pain he describes as terrible, and it lasts about an hour.

He has been in this condition for three months, which coincides with his leaving Liverpool and coming to reside in Tranmere.

Urine high coloured and thick.

The pain evidently proceeds from a decayed tooth.

He sleeps well after the after-supper pain has gone.

R. *Nat. mur.* 6 trit. Six grains in water three times a day.

In a week he reported : Pain much better, it comes on and lasts only five or six minutes, *and no tears come into his eyes.*

To continue the medicine.

The next report was that just as he thought he was cured he caught a slight cold, and the pain came on in all its original violence, when a dentist relieved him of both tooth and pain.

Goes under treatment for hæmorrhoids. The fact that the pain returned in all its original violence is only what we should expect under the circumstances, and it militates against the case as one of *permanent* cure, but does not invalidate the evidence of the potent drug *action*.

OBS. XXIV.—A gouty gentleman, of 70. Until three years ago he was in the habit of perspiring freely, but latterly he perspires less, and for *three years* he has always felt *chilly and cold*.

Urine bloody and thick; he urinates with great difficulty, and uses the catheter at night these two years.

He takes *Nat. mur.* 6 trit. for three weeks, and reports that after the first day or two he ceased using the catheter altogether, having sufficient power over the bladder; the urine is free from blood and slime, but still thick, but not so red or brick-dusty; he is more costive than usual, and feels considerably warmer.

He begs to go on with the medicine, to which I agree.

He did not consult me again, but when he came to pay his little bill he informed me that he had gradually got quite well of his chilliness, that his urine had become normal, and that he no longer needed to pass the catheter at all.

The urine may *possibly* have come right of itself, and passing the catheter those two years *may* have been a

mere habit and unnecessary ; but *how* are we to account for the disappearance of the cold, chilly sensation that had lasted three years ?

OBS. XXV.—Gentleman of 50, usually enjoying good health, and of splendid physique. Symptoms : For the last six weeks coldness of the abdomen, from the navel downwards, including the genitals ; swelling of the abdomen after late dinner, with flatulence ; passes a very large quantity of water with a strong odour ; it does not contain any sugar ; he is cold about the legs, and is restless at night, with cold creeps from navel down the legs ; as he sits on the sofa before me, I notice that he holds both his hands tight over the pubes ; and to the enquiry why he does so, he replies that he is so cold about those parts that he holds his hands there to warm them. The sensation is as if his shirt were wet and cold ; when he urinates it seems as if he would never leave off for the dribbling. Fearful thirst of mouth, not of the stomach ; bowels regular ; tongue coated, breath foul. Very despondent of himself.

Takes vapour baths regularly. Here the chilliness, profuse urination and thirst seem the prominent symptoms and, as we all know, they are those of *Natrum muriaticum*.

R *Nat. mur.* 6 trit. gr. vj. Fiat pulv. Tales xxiv.

One in water four times a day.

Eight days later : The coldness a great deal better ; does not pass quite so much water, and its smell is less bad ; the coldness of legs better a great deal, as also that of the pubic parts ; the thirst is also much better, so also the tongue ; breath sweet ; feels better all over ; warmer.

Is anxious to continue the medicine, which is done.

He did not come again, so I wrote to him to enquire how he was doing, and received a reply to the effect that the second lot of powders had finished the cure, except a little thirst, for which he intended coming to see me again, but he never did.

From a mutual acquaintance I learn he continues well.

In this case the amelioration commenced immediately after the powders were taken, and as far as I can see the cure can be attributed to them only.

This, critical reader, is the way I have wandered in my search after truth as it is in nature ; from it I am forced against my will to admit the existence of a something in drugs that becomes operative by trituration.

What it is, I do not know ; what you call it, I do not care.

*Mach's nach, aber mach's besser.*





GUNPOWDER  
AS A WAR REMEDY

# Gunpowder

as a

# War Remedy

By  
JOHN H. CLARKE, M.D.



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## PREFACE

My authority having been cited in the *Evening Standard*, *Daily Mirror*, and other journals for the recommendation of GUNPOWDER as an all-round remedy for blood-poisoning in general and septic war-wounds in particular, I think I shall best serve the public interest by putting the facts about the remedy into separate practical shape and thus making them accessible to all.

In the following pamphlet will be found all the information necessary for the practical use and understanding of the remedy, and I think that the directions are so clear and simple that any intelligent person, lay or medical, will be able to put them into practice.

JOHN H. CLARKE.

8, BOLTON STREET, W.

*August 4th, 1915.*

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# Gunpowder

as a

## War Remedy

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### CHAPTER I.

#### HOW GUNPOWDER IS TO BE TAKEN.

So much interest has been evoked by an article of mine which appeared in the *Homœopathic World* of January last, entitled "Gunpowder for Gunners," that I have thought well to write out a full account of Gunpowder in this somewhat novel aspect of its many utilities, which, so far as history tells, was undreamed of by its discoverer, the alchemist friar, Roger Bacon.

#### THE FORM IN WHICH IT MAY BE TAKEN.

In the first place it may be advisable to say a few words about the *form* in which the remedy may be taken. In the old days of black powder, gunpowder

was recognised by our soldiers as a remedy for certain forms of suppuration, and by them it was taken crude in teaspoonful doses mixed in hot water. It is also used crude by shepherds, as the Rector of Stradbroke has told us, sprinkled on bread and cheese, to cure and prevent wound-poisoning acquired in shearing and handling sheep.

But crude gunpowder is neither a convenient nor a pleasant remedy to take, though I have no authority for stating that it would not be efficacious. The preparation I have most frequently used is the homœopathic third decimal (3x) trituration, either prescribed in the form of powders or of compressed tablets. For war purposes the last are the most convenient. In this form I find gunpowder a most powerful and efficacious remedy. The 3x trituration is what is called a "low attenuation," that is to say, it is not highly infinitesimal but it is sufficiently so to have lost all taste or smell of crude gunpowder, and to be in no sort of way explosive.

#### DOSAGE AND DIRECTIONS FOR USE.

The great sphere of action of gunpowder is in cases of septic suppuration—or, in other words—of wounds

that have become poisoned with the germs of putrefaction. My directions in such cases are as follows :—

*One tablet every two hours when there is fever.*

*Two tablets three or four times a day when the temperature is normal.*

But *Gunpowder* may also be used as a prophylactic. That is to say, it will not only cure septic suppuration when present, but it will afford such protection to the organism against harmful germs, that wounds will be less likely to become septic in one who is under its influence. For this purpose I recommend—

*As a prophylactic one tablet to be taken once a day.*

Judging from analogy I should expect that this would also afford protection against other forms of blood-poisoning as well as against poisoned wounds. One tablet of *Gunpowder* a day is no hardship or difficulty for anybody. I should think it ought to prove effective against the infection of spotted fever, or cerebro-spinal meningitis. If this disease actually appears in any locality, I should advise all who are quartered in that locality to take—

*One tablet three times a day.*

In the case of boils, carbuncles, and other skin affections, including eczema, abscesses, whether septic or not, blood-poisoning from bites of insects

ptomaine poisoning from food that has been improperly preserved, I should prescribe—

*One tablet every hour or two hours according to the urgency of the symptoms.*

The same dosage would apply in the case of illness from any of the protective inoculations or vaccinations that are now in such vogue.

The portability of the remedy in this form is another recommendation in its favour. An ounce bottle contains 160 tablets. Thus, without perceptibly adding to the weight or bulk of his kit any soldier can carry with him as much as he is likely to need.

Any homœopathic chemist will be able to supply the tablets. My own chemists, Messrs. Epps, 60, Jermyn Street, S.W., have already sent out a quantity to the front.



## CHAPTER II.

### THE CONSTITUTION AND THERAPEUTIC POWER OF GUNPOWDER.

The *Gunpowder* with which we are concerned is the traditional Black Gunpowder, whose three cardinal constituents are sulphur, carbon, and nitre or saltpetre. Modern smokeless gunpowder is of a different composition. As sulphur, carbon, and saltpetre are three potent medicines well known to pharmacy and physic, it is not surprising that a combination of the three should also be a medicine of great potency. There is a certain piquancy in the fact that gunpowder is a remedy for the accidents of warfare; but some instinct put into the minds of our soldiers of long ago that gunpowder could cure as well as kill. The Indians of North America and Canada have found in it a remedy for snake-bites. The shepherds of East Anglia, as already mentioned, use it extensively in treating their flocks and themselves for wounds and blood-poisoning of many kinds, and for protecting themselves against wound infection.

In the second volume of my *Dictionary of Materia Medica*, published in 1902, I have referred to some uses of *Gunpowder* in my article on Saltpetre (" *Kali nitricum* "), recording also some experiments made with it on myself. But my knowledge of the power of Gunpowder over blood-poisoning I owe to a graphic article contributed to the *Homœopathic World* in 1911 by the Rector of Stradbroke, Suffolk, the Rev. Roland Upcher, entitled "Notes on the Use of Gunpowder (Black)." "For the last forty years," wrote Mr. Upcher, "I have known and observed from personal experiment the effects of Black Gunpowder as a remedy for various kinds of blood-poisoning. The symptoms of poisoning which call for Black Gunpowder are almost invariably abscesses or boils, or carbuncles, and frequently, though not always, exaggerated swelling of the poisoned limb, accompanied with discoloration of the skin, so that the arm from the tips of the fingers to the axillary glands is almost of a purple or black tint. In such cases I have found Black Gunpowder, whether in large or small doses, acts like magic."

Mr. Upcher tells the story of how he came by the discovery. "My father, a country rector in Norfolk, used to add to his light duties in a small parish the

recreation of farming the glebe, and as there was a good lot of pasture, kept sheep. He noticed that at the time of paring the sheeps' feet suffering from foot-rot, his shepherds were continually subjected to blood-poisoning, which was more or less (*less*, I fear!) successfully treated by local doctors. But it generally ended in the said shepherd having to give up his work and turn his hand to something else. However, at last there came a shepherd, who, year in and year out, never did get blood-poisoning!" This greatly astonished the rector, and he asked his shepherd how be accounted for the fact. The latter invited his master to come and see him at his afternoon meal, or "fourses" as the Norfolk people call it. He duly went, and found him sitting under a hedge eating bread and what looked like black cheese. "Why, Harry," he exclaimed, "whatever are you eating? It looks like black cheese." "No, master," was the reply, "that b'aint black cheese, but that is *white* cheese kivered with black gunpowder, and that's what keeps out the pison, that's what dew the trick—I never gets no pison."

In course of time this shepherd got promoted to a better position, and his successor soon got into trouble when the feet-paring season came round. The

shepherd's arm was swollen and almost black from finger-tips to armpit. The Rector did not trouble the faculty this time, but undertook the case himself. He mixed a dessertspoonful of gunpowder in half a tumbler of water, making a paste of it first, and gradually adding the water afterwards, and administered the whole in one dose! Result—a brilliant and rapid cure. From that time on the Rector's shepherds took gunpowder with their cheese, and blood-poisoning disappeared.

But the lesson did not stop there. The Rector could not keep a good thing like that to himself, and as in duty bound, let his parish have the benefit of the discovery. "Many a time," says his son, "have I been dosed, as a child, boy, and even young man, with the family patent medicine: boils, carbuncles, eruptions caused by suspected blood-poisoning, one and all had to climb down to the *Black Gunpowder*." As with the family so with the parish—all conditions of men, women, and children, and even animals, were treated by the good Rector with the same remedy and the same success.

Rector II., the present Mr. Upcher, used the homœopathic preparation of *Gunpowder*—the one with which I experimented on myself. This is at

once more convenient and more pleasant than crude Gunpowder, and no less potent for curative purposes.

From my knowledge of the properties of sulphur, carbon, and saltpetre individually, I had no doubt whatever that the observations of the shepherds and their spiritual pastors were thoroughly sound. The whole art of curative medicine may be said to lie in one thing—*correctly reading indications*. When a case presents itself for treatment, there are generally a hundred remedies more or less applicable to the case. In order to select the best of the bunch, it is essential to be able to read correctly the manifestations—signs and symptoms—of the patient. It is very easy to make too much of one symptom and too little of another, and so miss the particular drug that is required.

Now the great point about *Gunpowder* is that it has a broad and clear indication that hardly anyone can miss—*blood-poisoning*. Soldiers found it; shepherds found it; American-Indians found it. An ordinary cut or wound in a healthy person heals quickly. But if a morbid virus is introduced, or if the person's blood is impure or of low vitality, the part swells, suppuration ensues, and the limb may be threatened. Or if a limb is bitten by a poisonous snake, the same thing happens, only more rapidly, and the constitutional

symptoms are more rapid in development. Or, poisonous matter of some kind may be introduced into the system by other ways—breathing foul air, drinking polluted water, or eating tainted food. The poison quickly finds its way into the blood—boils, carbuncles, eruptions, abscesses, or other manifestations appear, showing unmistakably that the blood has been poisoned. To all these conditions *Gunpowder* acts as an antidote.

It may be asked, In what way does it act? Does it exercise an antiseptic action and kill the germs? In a certain degree there is some such action. Carbon and sulphur, with sulphur derivatives such as sulphurous acid, are very potent antiseptics and germ destroyers. But the amount of these taken in the preparations used in my cases is quite insufficient to exert a direct germ-killing action. But *Gunpowder*, in the homœopathic attenuations, so acts on the blood as to render *it* antiseptic, or, more strictly speaking, *to assist or increase its normal antiseptic action*. For the healthy living blood is a potent germ-destroyer, and the reason why all persons do not succumb to infection when epidemics are abroad is that the blood of those who escape is equal to killing the germs which attack them.

It may be asked : How can an infinitesimal amount of Gunpowder, or of anything else for that matter, effect this ? To answer this fully one would need to explain the secret of life itself. However, we know a good deal *about* life ; and the phenomena connected with Radium are capable of throwing a little light on the subject. Substances, when undergoing the process of graduated attenuation of the homœopathic method, while losing their coarse physical properties, acquire others which are somewhat closely analogous to the properties of radium. In this way : a substance which has been in contact with radium, through the action of the radium rays, becomes itself radiant. So, the homœopathically attenuated substances are raised to a higher pitch of vibration and become capable of conveying their vibrations to the persons who take them, just as radium can convey *its* vibrations to bodies in contact with it.

Be this as it may (and it must be confessed that all attempted “ explanations ” of the phenomena of life are at bottom unsatisfying), the *fact* remains that Gunpowder, taken in minute quantities, enables the blood to get rid of disease germs which the constituents of Gunpowder in substantial amounts would kill if added to the same in a test-tube.

Fortunately, it is facts and not explanations that we have to deal with. Most explanations amount to little more than a re-statement of the problem in different terms, which are constantly changing. But the facts remain the same always for our use and constant guidance.

I may be asked, What about antiseptics? Are not they sufficient? Now, I have no sort of objection to antiseptics in themselves. Antiseptic, or, rather, aseptic surgery, is a very great advance on older methods. But the use of antiseptics is largely dependent on the germ-theory, and the germ-theory is only one side of the question. The vital question is the other and, as I think, the larger side. The cases in which it is impossible to keep or make wounds aseptic by external applications are innumerable. Besides, it is quite possible to *hinder* healing by their use. For in order to kill any germs present in a wound it may be necessary to apply an antiseptic in such strength as to lower the vitality of the injured part. This explains why many wounds refuse to heal under the most careful antiseptic treatment. It is for this reason that the practice of so acting on the blood as to increase its own vitality is infinitely superior. For local dressings I prefer plain sterilised



lint after cleansing with pure boiled water, or better still, with pure boiled water in which tincture of *Calendula* (the Common Marigold) or of *Hamamelis* (Witch Hazel) has been mixed in the proportion of a teaspoonful to the half-pint. These are very useful adjuncts; but the internal remedy is the main thing, and this will act in spite of all sorts of unfavourable conditions.

Mr. Roland Upcher began his experiments with Gunpowder itself, and then followed these with the lower homœopathic preparations. The 1x trituration is equal to .1 in the decimal scale; 2x is .01, and 3x is .001, or one thousandth part of the crude. Mr. Upcher gives his reasons for believing in the therapeutic virtues of Gunpowder by a consideration of the individual properties of its constituents. After remarking that Sulphur is a well-known remedy for boils, eruptions, itch, eczema, and suppressed impurities and eruptions; that Carbon (*Carbo vegetabilis*) covers very similar ground; that Saltpetre (*Kali nitricum*) has a powerful action on the skin, opening the pores; he quotes the following passage from my *Dictionary of Materia Medica*, Vol. II., page 144: "A solution of saltpetre as an application was an old remedy for inveterate mange in cats. Saltpetre with

carbon and sulphur forms Gunpowder. A teaspoonful of this in hot water was a favourite remedy for gonorrhœa among soldiers in the days when black gunpowder was used. In some experiments made by myself with *Gunpowder* 2x severe herpes facialis involving right eyebrow and right side of the nose developed." Mr. Upcher adds that from his experience of *Gunpowder* in the cure of herpes, he can verify the correctness of my experiment on myself. In selecting *Gunpowder* 3x for my therapeutic work instead of lower attenuations I have perhaps been influenced by the experiment above alluded to. I carry the marks of it to the present day, and I have no wish to repeat the experiment on anyone else. *Gunpowder* 3x has hitherto answered my expectations without causing any unpleasant by-results.

## CHAPTER III.

### EXAMPLES OF THE CURATIVE ACTION OF GUNPOWDER.

In addition to the cases related by Mr. Upcher it may be of interest to record a few of my own. First, I will give that of the gunner, whose case I related in the article already referred to. It will be noticed that in this case I gave other remedies besides *Gunpowder*, but the progress of the case showed that the *Gunpowder* was the chief agent in the curative work.

H. J. S., 30, a non-commissioned artillery officer in an Indian regiment, who had been born in India of English parents, and had never before left it, presented himself to me on April 9th, 1913, in a fairly desperate condition. He was a man of very powerful physique, but his flesh was hanging about him, and he was covered from head to foot with sores, some discharging, some having rupia-like crusts, copper-coloured stains marking the areas where sores or "boils" had previously been.

His story was as follows. About two years before he had had an outbreak of "boils," and six months

later another attack. At intervals of four or five months he had other attacks, ending up with the present one. All attempts to cure him having failed, he was advised that the only thing for him was a voyage to England and a change of air. H. J. S. was greatly valued by his superiors. He was an instructor in athletics, a total abstainer, and an expert gunner. In order that he might not lose his pay whilst absent from India, his officers had very kindly arranged for him a course of instruction at Woolwich. He had been six weeks in England when he came to me.

So far from the change benefiting him, he had become steadily worse. He had had diarrhoea during the voyage home. His digestion was bad and his sleep broken by the pains of his sores. He had lost two stones in weight in four weeks; altogether he had lost five stones. The neck, trunk, extremities were all affected. The inguinal glands were much swollen and painful.

On trying to get at the origin of the trouble, I ascertained that his previous health had been excellent. But in 1894 he had been bitten in the finger by a squirrel, and his finger had been bad for a long time afterwards. This showed a degree of susceptibility to blood-poisoning. He had had attacks of fever, but

almost always in association with the attacks of "boils." The first attack occurred the end of November, 1911. At the end of the previous October *he had been vaccinated* for the second time in his life, and it "took well." It did, indeed! To me, the connection was obvious between the present state and the vaccination.

At the same time as my patient, a fellow soldier was also vaccinated, and he also soon afterwards became ill, in a somewhat similar way. But this man was not temperate in his habits, and his illness was put down to alcohol by his medical officers. This would not do for my patient, who was a life abstainer. The only other hypothesis was—syphilis. The possibility of this he steadily denied, and his word was borne out by the Wassermann tests, which consistently gave negative results, though tried again and again. My diagnosis was unhesitatingly—VACCINOSIS, secondary or tertiary. This was confirmed by the fact that the sores were *thickest and lasted longest on his right arm on the site of the vaccination scars*. The fact that his right arm was worse, was explained by his doctors as being due to over-exertion at cricket, bowling, etc.!

I ordered him *Gunpowder* 3x eight grains three times a day; and *Thuja* 200 three doses in the week.

At the end of the week he was a changed man. He had still plenty of sores, but they were healing, and the whole aspect of the man was different. His appetite had improved to such an extent that some indigestion and diarrhoea had resulted from over-indulgence. His skin had improved altogether in appearance. On April 24th his weight was 10st 11lbs. He had then gained much, but I have no record of his weight when he first came to me. On June 5th he was 11st. 11½lbs., and on September 18th, 12st. 6½lbs. He had steadily improved all this time. New swellings or "boils" occasionally appeared, and some sores with thickening on the hands, just below the wrists, especially the right, had proved particularly obstinate. I now omitted *Gunpowder* and gave instead *Silica* 3x in eight-grain doses in the same way; *Thuja* 200, thrice a week, being continued as before.

A rapid change took place. A new outbreak of boils occurred, diarrhoea set in, with bitter taste and coated tongue and some fever. The diarrhoea was worse after drinking milk. The weight had gone down to 11st. 8lbs., but *the hands were much better*. *Trombid.* 200 soon cured the diarrhoea, and then I gave *Gunpowder* 3x, eight grains every four hours

alone; leaving off the *Thuja*. On October 16th he was very much better again in every way, his weight having gone up to 12st. 2½lbs. Soon after this, his time being expired, he left for India after successfully completing his course of instruction, in very good condition. I gave him a good supply of *Gunpowder* to take home with him, and told him to let me know if he had any relapse. As I have heard nothing since, I conclude he is now busy with his guns somewhere in the widespread area of the war.

Here are a few other cases of mine:—

#### POISONED BITE.

A lady, who had a very sensitive skin, was bitten by a gnat on the foot, resulting in swelling, inflammation and suppuration. There was a ring of inflammation round the bite, constantly spreading and detaching the epidermis as it spread. After the failure of several remedies, *Gunpowder* 3x eight grains three times a day rapidly cured.

#### POISONED CUT.

A gentleman had a bad cut with a knife on the left index finger. The wound refused to heal. An

inflammatory ring stripped off the epidermis and spread more and more. *Lachesis* and other remedies failed to make any impression. *Gunpowder* 3x rapidly cured.

#### SEWER-GAS POISONING.

A lady was very severely poisoned by sewer-gas. There followed swelling of the right arm and axillary glands of the right side. When she consulted me, three months after the accident, the right arm was almost fixed at the elbow-joint with swelling. It threatened suppuration above and below. The axillary glands were as large as a hen's egg. *Gunpowder* 3x gradually resolved the trouble, and though the cure was interrupted by an attack of measles, the mobility of the arm was fully restored.

The following case shows that as earthquakes and war are placed in the same category of calamities, *Gunpowder* may prove of service in some of the ills caused by the one as well as the other.

#### BLOOD-POISONING FROM EARTHQUAKE DUST.

In 1912 I had under my care a lady who had been in the great earthquake which wrought so much havoc



in Jamaica some years before. She asked me if I thought I could do anything for her little niece, aged 4, who lived in Jamaica and suffered from a skin trouble. She was born soon after the earthquake, was a very tiny child, had always been nervous, and suffered, as many other children of the colony have done since the earthquake, from eruptions on the skin. It was as if the earthquake had thrown up from the depths some new kind of irritant and poisonous dust. The first symptoms were "prickly heat," with much itching. Then sores appeared, forming blisters, the fluid of which had to be let out. The parts affected were chiefly the ankles and the trunk. Every mosquito bite made a poisoned wound. This little patient was very languid, was nervous at night, and a restless sleeper. These were the facts I elicited from her aunt.

I thought *Gunpowder* was the very thing for her, and on January 4th, 1912, I sent her a supply of powders of the 5x.

In due course I received a report that within a week of commencing the remedy she was much better. She slept better, the bowels acted better, and as for her appetite, whereas formerly she had to be coaxed to eat anything, now they could not give her enough. The skin improved at the same time. A second

course of powders was sent on April 30th as there had been a relapse of the eruption with fever. From this time she steadily improved and got perfectly well.

I may append to these an Editorial note from the *Homœopathic World* of June 1st, relating the work of another observer :—

#### SEPTIC INFLAMMATION OF THUMB.

“ More *Gunpowder* cases continue to come to hand. The latest is of a septic inflammation of the thumb in a nurse of 19. It was vigorously treated surgically, and pus evacuated, but the inflammation continued, and the loss of a joint was contemplated until a short course of *Gunpowder* 3x achieved a satisfactory healing and scarring.”

## CHAPTER IV.

### CONCLUDING REMARKS.

I think it will be agreed that the evidence adduced above is sufficient to warrant my recommendation of *Gunpowder* as a remedy of almost universal applicability in wounds of war. It has the additional advantage of being, in the form recommended, whilst powerful for good, as innocent of evil as brimstone-and-treacle, castor oil, or Gregory's powder. In fact, it is a perfectly safe domestic remedy. For that reason I have no hesitation in commending it to the notice of the public in general, civil as well as military. In my opinion, if the use of it were universal throughout the army at the front there would be infinitely fewer septic wounds among our wounded, and those wounds which become septic would heal in a vastly shorter space of time.

It may be asked how I can be so certain, seeing that I hold no official position in the Army or Navy, and have no opportunity of putting the remedy personally to the test of practice on a large scale. In reply, let

me say that in medicine, as in warfare, the chance of success very often lies in an intelligent anticipation of the enemy's intentions and capabilities. An ounce of wisdom is often worth many tons of experience. When cholera invaded Europe a little over a century ago the medical world was divided into two camps—the followers of Hahnemann on the one side, and all the rest on the other. Before the epidemic arrived reports of cases of the disease were bought and published. From the symptoms described Hahnemann was able to name the remedies that were likely to be called for. Consequently, his party, who exercised intelligent anticipation of what was to come, were all ready for action when the invasion occurred. The other party, who may be called the party of the "Wait-and-Sees," never were ready, and lost over 70 per cent. of their patients, whilst the homœopaths saved over 70 per cent. of theirs.

In our Services, so far as I know, there are only Surgeon-captains, Surgeon-majors, Surgeon-colonels, and Surgeon-generals. If there is such a person as a Physician-general I must confess I never heard of him. But whilst surgery is paramount in war practice, and has reached a very high pitch of perfection, physicians' work is very necessary also, and I

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believe this branch of practice is not by any means so fully developed as the branch that belongs to mechanical surgery. It is for this reason that I offer this contribution to the neglected branch, and I do not think any surgeon could object to such of his patients as might like to do so treating themselves to a few tablets of *Gunpowder* 3x.



"True to Time"

well with their treatments. They have been found wanting, which cannot be comforting to any patient of theirs. Old works on Homœopathy cost more now, if such can be found, than when they were written. So valuable were the close observations of our dead exponents of Homœopathic practice.

Remember that every British (and European) Homœopathic doctor was at first an orthodox man, forsaking such because he learned the better value of this Homœopathy. This being the case, I am glad to be classed as "very old fashioned", and so are all workers in Homœopathy. It is really a compliment.

The MS. of this article having been nearly typed I find to-day that "*Tonsils*" form the leading feature of the "Medicine" section of *Time* (the weekly news magazine for Sept. 24th, 1934, p. 51). The following condensed extracts are culled from the American Academy of Ophthalmology and Otolaryngology Congress (orthodox) (eye, ear, nose and throat specialists) who have lately met at Chicago.

Their findings constitute "the last word" on this subject! One Dr. A. David Kaiser, a professor of Pediatrics (children's diseases) states that: "Too much is promised by physicians. Now the mother whose first child has his tonsils removed when perhaps unnecessary, is disappointed because the child continues to have colds, and she does not want her second child's tonsils removed, although they are diseased" (apparently overlooking it is the child's body which is diseased). To continue the quotation: "*Having his tonsils out will make little difference in his susceptibility to colds, and bronchitis occurs more frequently in children so operated on, and the same is true of pneumonia.* . . . Nonetheless the fact remains that the function of the tonsils is not understood."

*Time* comments thus: "Tonsillectomy (cutting out tonsils) used to be a 'kitchen chair' operation. Now in the hands of the throat specialists it entails all the pomp and ceremony of a major operation. They make a pre-operative examination of the patient's skin, nose, throat, ears, heart, lungs and kidneys. Any case with a temperature above 100.4 has to be re-examined, and any recent illness precludes this operation, besides which no

female patient is operated upon five days prior to or during menstruation," etc.

It would seem that no orthodox man sees any necessity of considering the ailing body, which work and science is seemingly left solely to the Homœopaths.

Are *you*, the laity, ready to test Homœopathy in your own family circle? I implore your most earnest study of this matter.

My brother orthodox practitioner! I beg of you to try Homœopathy whenever you are in a quandary, and perhaps have a case which is slipping—slipping out of your hands, or downwards to death.

Your old leaders are beyond praying for, but you, the rank and file, have a long life of medical struggle ahead of you; in a difficult case please try Homœopathy seriously, and as secretly as you like at first, but I beg of you buy only a simple "primer" (or Family Manual) at first or you may become befogged, just as you would if you had tried to understand advanced mathematics in the nursery. Leave our philosophy strictly alone until you have tested our rudiments. Any Homœopathic doctor will be pleased to talk things over with you.

Brother orthodox man, there are thousands of the laity who are waiting and begging us for professional Homœopathic help, but these same know well the wheat from the chaff. You simply cannot fool them, so learn your Homœopathy well.

You cannot be proud of your own therapeutics, so test the methods which the Homœopaths are proud of because our drugs do not fail us, if we know how to choose the remedy "according to Law". Wherever I travel I find scores of the laity who have their own medicine chests and who treat themselves, bewailing the fact that there are not enough Homœopathic doctors available. So get wise unto yourself and study Homœopathy.



# HOW TO CURE INFLUENZA

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THAT these epidemics will recur it is fair to assume. In the meantime the wise thing to do is to study every method to combat such a death-dealing force. It is the stern duty of every orthodox doctor, and common sense on the part of every family.

Though brevity is expected of me, I must fix the reader's attention on to what may be expected of medicine, and this is best done by presenting some statistics, comparing the death rates of this disease in various hands. This concerns the laity more than the profession, for their's is the risk.

(1) Dr. W. A. Pearson, whom I have known well for over twenty-five years, is Dean of the Hahnemann Medical College of Philadelphia ; their hospital, of 592 beds, runs up twenty storeys in the heart of that city. He has certified that he carefully collected records of 26,795 cases of epidemic 'flu, including 1918, treated by homœopathic physicians, with the remarkably low mortality rate of practically 1 per cent., whilst for the same epidemics the Orthodox death rate was 30 *per cent.* I talked with Dr. Pearson in 1934 and he stated that the recurrent death rate averages still held for both schools of medicine. He further told me that many doctors, known personally to him, never lost a case, unless such had previously been "doped" with Aspirin, or such like heart-depressants before the cases were transferred to homœopathic care.

(2) Another set of statistics is to be found in the International Homœopathic Directory for 1932, which I compiled (see page 220). This can be obtained from the publishers of this journal. These figures were collected by Dr. T. A. McCann of Dayton, Ohio, who reported same in his Presidential address before the seventy-seventh Annual Congress of the American Institute of Homœopathy, held at Washington, D.C., June, 1921, and these figures included that most fatal epidemic year of 1918. 24,000 cases treated allopathically, that is by orthodox men, had a fatality rate of 28.2 per cent.,

whereas, 26,000 cases treated by homœopathic physicians, including the 1918 epidemic, when their death rate was 1.05 per cent. (also reported in the *Journal of the American Institute of Homœopathy* for October, 1921).

(3) See Bulletin 43, Series II, for June 21st, 1934, issued by the "Bureau of Publicity" of the American Foundation of Homœopathy, at Washington D.C., and read: "The tragic 'flu epidemic of 1918, an aftermath of War, was for the most part fought by methods of war (Aspirin and Quinine) when in orthodox hands the death rate was roughly 48 per cent. and with strict homœopathic treatment the death rate was 3.95 per thousand cases, or under *four-tenths of 1 per cent.*"

This death rate is substantiated by an old friend of mine from New York, a Dr. Guy Buckley Stearns, who is now Associate Professor of Materia Medica of the New York Homœopathic Medical College, in a review of 16,913 cases with but sixty-seven deaths, that is with homœopathy without Aspirin.

The terrible difference shown in the death rates of the two schools of medicine must be put down to our homœopathic medicines and to our method of selecting same. Dr. Stearns dwells on the ever-changing methods of the orthodox with their palliatives, sedatives, narcotics, fever-breakers, purgatives and alcoholic stimulants, which are one and all thoroughly harmful. Aspirin and all coal tar derivatives actually cause untold numbers of UNNECESSARY DEATHS, with Aspirin worst of all because it falsely beguiles by its quick relief of pain. Aspirin, whatever the advertisements say, puts a double load on the heart. It weakens the heart and all the vital forces, already taxed to the utmost by disease, and at best it lengthens the convalescence by three or four times that of the convalescence of those treated by homœopathy.

The remedy you decide to give to-day may not be the one necessary to-morrow. The particular symptoms must be considered at every prescription, and they must match with what is known of the drug chosen. If you do select the absolute *simillimum* to-day such will run a remarkable recovery and perfect cure, so rapid in fact that you will get a surprise, and when observed, it is wise to stop all medicine and allow the homœopathic stimulus to work itself out undisturbed, for Nature is an efficient

worker and does not brook over-drugging. One great difference between the two schools of medicine is that orthodoxy is always flirting with the "maximum" dose which may be given without immediate destructive results, though as long as the "maximum" dose as printed in orthodox works and as allowed by their pharmacopœia is not exceeded, a death certificate is quite "legal" and does not entail calling in a coroner. We homœopaths can recognize many "drug-diseases" in patients which drift to us from orthodoxy. We homœopaths always aim at giving the most minute medical stimulus, never harmful, which will arouse the vital reaction towards Natural repair, and we have a guiding rule (*similia*) on which to base every prescription.

It was Hippocrates (400 B.C.) who formulated the dogma we employ, and Hahnemann gave him full credit for "Let likes be treated by Likes". This law goes back to the beginning of all TIME, unchanging, and it is employed the world over by every savage in their knowledge of local *and* tribal medicine, though they know nothing of the underlying law of cure.

The few symptoms I am about to lay before you are the major indications of each drug or "keynotes" as we term them. On the first sign of a chill or an influenza infection having been contracted, take ~~Aconite~~ (3x, 6x or 30) and ~~Belladonna~~ (3x, 6x or 30) alternatively every half-hour for five or six doses each. Put five to eight drops (or pills) in half a glass of water. Stir very well. ~~Take a teaspoonful at a dose, holding same in the mouth as long as is convenient (one minute at least).~~

If the invasion is not conquered in a few hours review the peculiar personal symptoms of the invalid and pick out the "similar" symptoms to be found in the patient from the following list. The dosage and manner of taking the medicine will be as given for *Aconite* and *Belladonna*, except that the intervals between doses should be from one hour to three hours according to the severity of the symptoms. When the patient is feeling much better—STOP ALL MEDICINE—for a time. This is important. Only resort to further medicine, if things are not still proceeding to a cure.

(1) *Gelsemium sempervirens* (3x, 6x or 30). The Yellow Jasmine of American-Indian folk-lore and given precision by the homœopaths. This remedy must be

taken when the following symptoms or "key-notes" are present. The patient is *Dull*, *Drowsy* and *Dizzy* (the three classical "D's" of the drug). Fever without thirst. There must be seen trembling, shivering, goose-flesh, lack of thirst, heavy eyelids, which will droop, half covering the eyes, generally with dilated pupils. Cannot think or fix the attention, irritable, wants to be left alone, in extreme cases unconsciousness, delirium, blurred vision. Brain feels bruised, dragging pain, worse in the occiput (above the nape of neck). Occiput pains, often work up over head at night to frontal region (over eyes). Much sneezing, tingling in nose, with discharge. Fullness at root of nose. Face heavy and has a besotted expression (compare *Baptisia*). Tongue thickly coated, yellowish-white; numbness of tongue, feels as if can hardly speak, to partial paralysis of tongue, which trembles on protrusion. Very copious clear urine, almost water-white. Head pains often relieved on passing profuse clear urine. Heart often feels as if it would stop if patient did not move about. Dull aching along spine, even to its base. Yawning marked. Trembling weakness to complete prostration of whole muscular system.

Chills begin in extremities, with sensation of heat in head and face. Wants to lie quite still. If stools are liquid and clay coloured, this remedy is the more surely indicated.

(N.B.—A patient need not have ALL symptoms under this or any other drug.)

(2) *Eupatorium perfoliatum* {3x, 6x or 30}. Common names, which are significant—Bone-set, Bone-break and Ague-weed. The great "keynote" of this remedy is its intense pains in the bones especially the long bones which feel as if bruised or nearly broken. The flesh feels actually as if beaten. Can't bear the slightest touch. Throbbing head pains and a feeling as if the head was pressed on by a metal cap or band. Soreness of eyeballs. Occiput pains worse on lying down. Patient generally thirsty for small sips of cold water. Hoarseness, hacking cough, worse evenings, with soreness and heat in larger air tubes (bronchies). Chest sore on inspirations. Face flushed.

(3) *Bryonia alba* {3x, 6x or 30}. It makes no difference with homœopathic prescribing what the name of the disease is. If the patient is easier by lying perfectly

still, and suffers greatly on the slightest motion, think of *Bryonia*. This type of patient will have intense dryness of all mucous membranes, even lips become dry and cracked. Thus it is easy to understand that this patient will drink large quantities of liquids at any time, and this is a distinguishing keynote. Pains in throat, chest and head are sharp, cutting and coughing causes splitting head and chest pains, so that patient will hold those parts to lessen such pains. The cough is always hard and dry with little or no expectoration. Pains shoot about the chest on coughing. The patient will be very constipated with hard dry stools, as if baked. Tongue thickly coated. Taste insipid or bitter. Patient exceedingly irritable or angry. Headache commences in the morning on first opening the eyes, with feeling as if head would split open.

(4) *Arsenicum album* (6x, 30). The patients requiring this remedy will have great and sudden prostration and sinking of vital forces, with great mental disturbance, such as anguish, and *intense restlessness*. Pains and sensations are described as 'burning' in character. Intense thirst, but for little sips only (the opposite of *Bryonia*). The patient, though burning craves heat, hot drinks, etc. All symptoms much worse from 1 to 3 a.m. and worse from cold air and cold things; all symptoms better from warm air, rooms and applications. Whilst complaining of internal heat there are many shiverings and creepy sensations of chilliness. There are often intense shudderings even when burning with internal heat. Heavy and rheumatic pains in the head; profuse watery and corrosive discharge from the nose, with burning sensations. Severe aching and burning in the limbs; oppression in the chest with difficulty in breathing. Eyes burn and water, with scalding tears. Can't bear light. Dry fatiguing cough, worse after sundown and especially after midnight, and after drinking. Stools are generally small, dark and offensive, with much prostration after each stool. Fever runs high. (N.B.—Be careful of pneumonic complications suddenly setting in. Such devitalized patients must use bed pan for safety.) In passing I should like to say to dog-lovers that this remedy is oftenest required in "Distemper", because of the perfect "similarity" of the disease and drug symptoms. Don't forget this.

(5) *Veratrum viride* (6x to 30). Note that this acts more quickly in 6x and higher. If a serious case has intense fever with very foul breath, and note well, with a narrow red streak down the centre of the tongue with twitchings and spasms, it will be well to read up this drug in a *Materia Medica* to see if patient's other symptoms fit in with what is recorded. It is all important in many grave cases.

(6) *Rhus toxicodendron* (3x, 6x and 30) To start with, note how the tongue differs from the tongue of all other remedies given. The patient will have a *triangular red tip to the tongue*. The rest of the tongue is coated and very dry. The patient is very restless wants to change position continually in order to obtain relief of the aches and pains. Movement only affords temporary relief of symptoms. Complaints of lameness and stiffness. Severe cases, untreated, would run on to stupor with mild persistent muttering or even delirium. Great sensitiveness to cold air or draughts. Exposing hands out of bed in cold room will bring on coughing fits. Cough is dry, teasing, continuous and very fatiguing. The reader must consult a *Materia Medica* for further details.

(7) *Euphrasia* (3x, 6x or 30) This is the "Eye-bright" of the countryside.

(8) *Allium cepa* (3x, 6x or 30) The wild Mediterranean-shore onion.

These are two very important influenza remedies, each of which has a clear and opposite indication, impossible to confuse. *Euphrasia* has acrid tears and NON-excoriating discharge from the nose. *Allium cepa* has copious watery, and extremely acrid nose discharge, and whilst the tears may feel to burn, they do NOT excoriate, and the *Allium* symptoms are all better in the open air. Both these remedies have many other influenza symptoms which space forbids me to detail. Study your *Materia Medica* to enable you to choose the curative remedy.

(9) *Baptisia* (3x, 6x or 30). To close this abbreviated lesson I must draw your attention to a totally different and extremely fatal type of influenza, if not treated homeopathically. It covers and typifies the fatal epidemic of 1918, when thousands of lives were lost because orthodoxy did not know and would not study homeopathy. Let us see how this drug acted in 1918. The late Dr. Byres Moir, one of Britain's best and known

by my family since 1876, though vastly "over-age" was placed in medical command of an Atlantic transport during the War. During the height of that epidemic scores of poor American soldiers were sewn up and consigned to the ocean from all the transports—but one! Dr. Moir told me that he did not lose a single soldier, due to his being able to "diagnose *Baptisia* for his 'flu cases". I asked him why he had not reported this remarkable success to our journals. He replied that he could not, because he was a public servant in the employ of the Government. The "disease-picture" of that type of influenza, which fits the "drug-picture" absolutely, is as follows, and some medical readers will recognize the precise similarities. The symptoms are somewhat of a typhus-typhoid nature, putrid, highly septic, and infectious. The mind is confused, running fast to stupor; face dark to dusky, with a heavily besotted expression. Eyes bleared. Early in the disease the mind becomes confused; falls to sleep before he can answer a question, or he stops in the middle of a sentence. Mouth putrid, ulcerated, with foecal breath. The tongue yellow at first, becomes darkly streaked down the middle, with many red papillæ standing out; edges dark red and shiny. Tongue soon becomes cracked and ulcerated, with tendency to putrid ulcers throughout the mouth, and with sordes (black patches) on lips and teeth. Breath becomes terribly foul, in fact all secretions and *discharges* (urine, stools and sweat) *are extremely offensive*. Some patients think that they are in several pieces, and feel around the bed, trying to collect the scattered portions. Can only swallow liquids. Solids gag. Breathing is difficult. Lungs feel compressed. Body feels sore and bruised. *Livid spots and areas appear all over the body and extremities, and without Baptisia these cases are doomed.* (Compare our *Lachesis* for under-skin hemorrhages, especially in Yellow fever.) Remember Dr. Moir did not lose a case of Septic 'flu, or diagnose it what you will. What a pity for humanity that orthodoxy won't study homœopathy!

# PNEUMONIA AND ITS TREATMENT

The Deadliness of Orthodox Incompetence

By  
DR. E. PETRIE HOYLE

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# PNEUMONIA AND ITS TREATMENT

## THE DEADLINESS OF ORTHODOX INCOMPETENCE

By DR. E. PETRIE HOYLE

AN orthodox authority says that "ten per cent. of all deaths in the civilized countries are due to pneumonia and that practically thirty per cent. of all pneumonia cases are sure to die". When pneumonia is treated homœopathically less than five per cent. die. These two averages are for adult cases, of all classes and all ages. What I have to say to you regarding the terrible difference in death risks demands your earnest and immediate attention.

The mortality statistics prove many things. The orthodox figures are taken from their own records. They were compiled for the guidance of their own men and this guarantee likewise holds when homœopathic figures are given. The very great difference in death rates shows the serious extra risk you run if you are being treated by orthodox methods. You are much safer if you employ homœopathy. Of course you should try and obtain the services of a doctor practising homœopathy, but if you cannot obtain a homœopathic doctor you will fare better if you take a homœopathic materia medica or family manual and match the personal symptoms of any given case, speaking now of pneumonia, and then give or take the homœopathic remedy which produces most nearly the disease symptoms found at the moment.

It is the "peculiar personal symptoms" of any patient which point to the one drug required. Diagnosis, which may be incorrect, is of secondary importance. Nature speaks with exactness through the patient's expressions of suffering and these must be matched exactly with what we homœopaths have recorded in our materia medicas. Were I suffering with a pneumonia and were no homœopathic doctor at hand, I would prefer to be treated by a layman or woman of average intelligence armed with one

of our books and remedies than by the most famous orthodox diagnostician and lung specialist.

There is much to be said on the subject, all of vital importance. I have several points to make :

(1) To prove that there is a very great difference in the *death risks* between the two schools of medicine, orthodox and homœopathic.

(2) To make my second point I must quote the bewildered groping of orthodoxy as to their own drugs, the use of which results in a thirty per cent. death loss. At the same time I must register some of the orthodox warnings as to the actual dangers of their own drugs and, note well, we homœopaths never give warnings about any drug we use because we have no need to do so. There is no danger in any medicine we employ, and babies may be given any drug we name.

(3) To offset the dangers of orthodox medical measures I must lay before you a clear but brief description of a few important homœopathic remedies which enable us to save so many lives. Each homœopathic drug will portray clearly a particular type of phase of a pneumonia process and it is necessary to match the patient's symptoms with one of the drugs described when an amelioration or cure will ensue. If you select correctly, you cannot fail.

Homœopathy never indulges in such weak expressions as this or that drug "may be tried" which is common to many orthodox medical works. This bespeaks a bungling and bewildered groping.

Now for the contradictions and dangers of orthodoxy. It was no less a man than Dr. Blumgart who in his five public lectures sponsored by the Faculty of Medicine of Harvard University Medical School stated that "thirty per cent. of all pneumonia cases are sure to die". He, an orthodox doctor, speaking for the "second to none" medical school in U.S.A. gave his message to the laity and we are following suit now with our side of the question and testimony.

The late Sir William Osler (Oxford University) put their orthodox death risk at higher than this thirty per cent. (see statistics). Note well that all my statistics are taken from public institutions and not from private practice.

The classification and diagnoses were all made at the bedside, with many onlookers present, including the nurses, and many nurses are exceedingly intelligent. So doctors are not likely to make too many errors in diagnosis. In fact that work is left to well-known diagnosticians. We may take it that the mistake of the disease pneumonia is not often made. When death occurs, the physicians cannot be expected to enter the cause of death as *Digitalis*, *Strophanthin*, or some antipyretic or serums. So the cause of death is put down to pneumonia. Therefore we may take it that the mortality rates of the hospitals are as stated. The type or class of pneumonia which kills is more or less a matter of personal opinion. There are at present four classes or types of pneumonia. I read last week that some diagnostician has divided one class into twenty-seven varieties, though he did not pretend that this reduced the mortality one iota, and so it goes on *ad infinitum*, with a fairly constant death rate of orthodoxy of thirty per cent., which has held good for the last fifty years.

How many tens of thousands of lives could have been saved in this half century had homœopathy only been employed?

Homœopathy has a guiding rule, *Similia*, to help the prescriber. Orthodoxy has no rule. It relies on personal opinions. Their works on medicine are out of date every few years as the second-hand bookshops will tell you. This quick change is not advance. It is bewilderment.

Homœopaths, both professional and lay supporters, know what medicine to give and exactly why.

Sir Farquhar Buzzard, when addressing the Birmingham University Medical School in 1929, said to graduates and undergraduates: "If our profession as a whole is to attain its rightful position, let us cease to profess to cure." I ask you not only how this strikes you, but what effect it must have had on all the undergraduates soon to be let loose on the suffering public?

An Oxford University Medical Textbook (orthodox, of course), states: "In fifty years to come the lay people will stand aghast at the barbarities perpetuated in the name of medicine to-day."

Dear orthodox colleagues (for I know that some of

you read this journal) and my unknown lay readers, I am fighting and "HEAL THYSELF" is fighting to save people's lives. So do not treat this information lightly, or you may live to regret it.

Listen to this levity on the part of an orthodox leader. The late Sir William Osler, Regius Professor of Medicine, Oxford University, a man at the top of the orthodox medical tree, said (see page 278, *Practical Medical Series*, 1931): "The family as well as the patient must be treated, and any concoction with a striking colour, a definite taste and pleasant smell, and finally above all being perfectly harmless, will often aid not only the family, but indirectly the patient and the physician." This serves to show us all how little the orthodox believe in their medicines.

The Public Health Department of Massachusetts, U.S.A., compiled the very latest information as to the orthodox practice in treating pneumonia. They inform the orthodox profession "that their much vaunted sera have fallen into disuse in consequence of their obvious disadvantages, such as the immense dosages necessary, the technical difficulties of their administration . . . the very serious reactions (deaths) following serum sickness being common. . . . Theoretically sera ought to do good but they have failed . . . we (the orthodox) lack a serum free from defects due to the amount of protein present in horse serum, which gives frequent and violent chills, as well as very high temperatures and a number of fatal cases immediately following injections have been reported (and how many such deaths not so reported?) . . . Specific treatment of pneumonia by serum is by no means solved." So seemingly is the knell sounded on the much vaunted serum "experiment" of orthodoxy, and what of the recipients of such treatment? Many are beyond making any sort of report.

I only mention a few drugs in everyday use by the orthodox in their pneumonia cases. They carry innumerable and very grave warnings issued by the authors to the orthodox profession.

*Heroin* is a preparation derived from *Morphia*. It has hosts of trade names. It allays cough. I can vouch for this personally as I was treated thus in France during the War and I nearly "turned my toes up to the daisies".

It stopped my cough by drying up the secretions in the lungs which should have been coughed up. I nearly suffocated. Fortunately I was able to crawl out of my bed and get hold of my own homœopathic remedies. It surely stops coughs; but the patient is found to be in a worse plight than before. He has a pneumonia plus a drug disease.

Orthodoxy warns its practitioners thus about Heroin : " It has a depressant action on the cord and especially on the respiratory centre, very much greater than that of *Morphia* . . . it is advisable to commence with very small doses as some persons are easily affected by it. . . . Repeated doses have produced poisonous symptoms. It is a highly dangerous drug which ought not to be allowed in practice."

*Digitalis*. Nearly every case of pneumonia in orthodox hands receives this drug. Let us examine as briefly as possible some of its terrible risks, which would fill a book. I have read some important orthodox medical works of reference in which not one word was said of the cumulative action of *Digitalis*. Yet others emphasize that its action does pile up in the patient to a most dangerous degree. This danger being known, it is little short of wickedness when this is not stated as a warning. The following are brief extracts from a number of standard orthodox medical works :

" There is no evidence of benefit from *Digitalis* in pneumonia, except in a possible 5 per cent. of cases. *There is actual harm to the patient if the drug is given until its toxic symptoms appear.* . . . There is no justification for its routine use as is the custom in so many hospitals. . . . There is considerable danger in prescribing *Digitalis*. . . . *Digitalis* requires the greatest caution to avoid toxic (poisonous) symptoms." (From Massachusetts Board of Health warnings to the profession.)

Blumer's edition of Billings-Forscheimer (*Therapeutics of Medicine*, Vol. II, p. 782 *et seq.*), frankly advises thus : " It is sufficient to *Digitalize* the heart " (which flatly contradicts the warnings of the former authority and these contradictions appear throughout orthodox medical works).

At this point I must quote what a very great homœopathic author and college professor had to say about

*Digitalis*. In his materia medica Dr. J. Tyler Kent pictures the drug thus: "*Digitalis* has done more mischief in orthodox hands than any other drug. Every patient who has a fast beating heart or anything the matter with the heart is given *Digitalis*. It has caused more deaths than any other drug. The orthodox call it a sedative; yes, it is a sedative. It makes the patient very sedate. You have seen how sedate a patient looks after he has been in the hands of an undertaker and has on his best clothes." That is what *Digitalis* does and yet it is one of the three chief drugs of the orthodox for pneumonia.

When an average orthodox doctor thinks he dare not give another drop of *Digitalis* he turns at once to *Strophanthin*, or *Strophanthine*. It is mentioned in all their medical works.

*Strophanthine* (Massachusetts Board of Health advice, page 148). "This drug is warmly advocated by Meara and others, but it *should not be given in a case of pneumonia when Digitalis has been given JUST PREVIOUSLY, as instances of sudden death following its use have been recorded.* . . . The action of *Strophanthine* is but little more prompt than *Digitalis* and because of the danger attending its use it seems to be of little value, etc." Keeping in mind and having to guess at what is meant by "not just previously" I turn to the *Quick Reference Book of Medicine and Surgery*, by Dr. Rehberger of Johns Hopkins University, sixth edition, and read that "it must not be used for at least *two days* after *Digitalis* has been administered . . . It may cause *paralysis of the voluntary and involuntary heart muscle* by direct action" (and this is printed "Dangerous" in extra heavy black-faced type). This notice is found under *Strophanthine*, yet under *Digitalis* there is no word of warning that *Strophanthine* must not follow on *Digitalis*. Here indeed is a very great danger and who waits "two whole days" in any pneumonia case to give the next dose of medicine?

In this connection one more quotation is absolutely necessary and if anything I suggest that it almost puts the last two authors in the "criminal negligence category".

I read in Blumer's Billings-Forcheimer's *Therapeutics of Internal Diseases*, Vol. II, p. 792. . . . "Never give *Strophanthine* to those who have had *Digitalis*. . . .

Cases of sudden death follow. . . . *Strophanthine should under no circumstances whatever be given if Digitalis has been employed any time within at least a week.*" Here are some death dealing errors in standard orthodox professional works having International use and very large sales.

My dear orthodox colleague please explain to me, what happens to all those thousands of patients who get the two drugs after "two days interval", whilst the number who have had the combination of these two drugs though "not just previously" whatever that may mean, why—God help them and the orthodox men who follow that advice.

If the authority who demands that "full seven days must elapse between *Strophanthine* and *Digitalis* or they will kill" is correct then many have been just "plain-killed-by-misadventure-or-ignorance" and perhaps this explains the 30 per cent. death rate in some degree.

Having quoted from American authorities, I must now quote a British source, as this is mainly for a British reading public. Turn to *The Principles and Practice of Medicine* written by the late Sir William Osler, Regius Professor of Medicine at Oxford University and formerly of Johns Hopkins University, Baltimore, and later at McGills University at Montreal, professorships which proclaim his pre-eminence in orthodox matters. Recent editions are by Dr. McCrae. It has run to the eleventh edition with well over a quarter of a million copies sold.

A weak feature in this work is that "may be tried" is used, as also "may be given" which sounds like experiments on the sick. For pneumonia this work advises *Optochin*, a *Quinine* derivative, explaining that "experimentally on mice its value is encouraging but scarcely good enough". Further an overdose of this drug causes disturbance of vision. Bleeding is again in fashion (orthodox) to be done "late in the disease". If my memory does not play me false, Sir Clifford Allbutt (Regius Professor of Medicine at Cambridge University) suggests bleeding early. So the profession may toss up, having equal authority, early or late, whatever happens.

Osler's book advises Serum, contrary to many U.S.A. authorities. Vaccines are of no value "now", though they had their experimental rage a few years ago.

Here is a jar for the profession (and some patients). Osler and McCrae advise *Digitalis* and *Strophanthine* for pneumonias in adjoining lines (page 105, eleventh edition) with absolutely no mention of any dangers. There is, moreover, no mention of any cumulative power and danger when speaking of *Digitalis*, and as their dose of this drug when given is XV minims three or four times daily, one must wonder what has happened to thousands of pneumonia cases so treated.

To quieten the nervous system Osler and Co. advise *Bromides*, *Chloral hydrate*, *Morphia*, *Barbital* (so recently sternly warned against by Sir William Willcox). Osler and Co. also advise *Codein*, *Heroin*, and *Morphia* to quieten the cough and they warn that "expectorant drugs upset the stomach". There is not much comfort to be gained from a survey of this book which has been sold well in excess of 250,000 copies.

I will now describe some homœopathic remedies for pneumonia with a clearness of detail absolutely unknown in any orthodox medical work. I think a few orthodox medicos may read these lines. To such I say: Have you ever watched one of your own family die, feeling that the illness need not, should not, have ended in death? Did you ever, in the chill silent hours of a long sleepless night wonder what those homœopaths would do for such a case which was weighing you down? Perhaps you even cursed your orthodox *Materia Medica* teachers and all your medical works. Well, you can learn what the homœopaths would do and have done.

To the laity I say: Whilst you are waiting to obtain a professed homœopathic doctor study homœopathy seriously and "HEAL THYSELF" will help you. With care you cannot lose half the cases that the orthodox practitioner does. Shun all "fever-breakers". They kill. The heart burdened by a pneumonia cannot stand the extra load of a fever-breaker nor *Digitalis*, *Strophanthine*, *Heroin*, etc.

The following homœopathic remedies help us to keep our death rate at under 5 per cent. in public hospitals though in private practice I thoroughly believe the death rate is very much lower.

*Aconite* (3x, 6x to 30). At the first possible moment, when it is thought that a chill has been contracted, which may turn into many things and when shivers and



shudderings are first noted, take doses of *Aconite* every fifteen minutes. As favourable reaction is felt take every two hours. Stop medicine the moment the patient feels better. Let the drug work on. It may be found in a few hours that the chill has been conquered and the normal restored. So always have a bottle of homœopathically diluted *Aconite* on hand. When a chill is more serious, besides the shiverings some fever will be felt. Continue the *Aconite* until it is felt that there is some local congestion, when another drug must be considered whose symptoms compare with the new disease symptoms. The new and local symptoms will fix the attention of the patient or the attendant so consider them at once. It is not necessary to wait until pneumonia is apparent. This cannot be told well under twenty-four hours, when precious time has been lost, but if *Aconite* has been taken immediately the slightest chill has been felt any threatened trouble will have been reduced in severity or thwarted entirely.

The most common serious symptoms requiring *Aconite* are as follows. Mind : Great fear and anxiety ; fears he will be ill a long time, very restless. Head : Fullness, heavy, hot, bursting pain, burning heat, vertigo, worse on rising and in extreme cases the mind may wander even to some delirium. The eyes feel hot and dry. Face is red, hot, flushed, or one cheek is red and the other pale (this is more often seen in the very young). Chest : oppressed breathing, shortness of breath, hoarse dry cough, with all symptoms worse at night and after midnight. Heart beats felt, pulse full and hard, tense and bounding, arteries easily felt, especially in temples and throat. There will be very marked thirst. The skin will be hot and dry to the touch. There will be shudderings which merge into tiny shivers. Such are the chief symptoms of an acute chill. *Aconite* taken early enough will thwart many such attacks overnight.

I have for many years relied on using in alternation *Aconite* and *Belladonna* which is the only instance in my work of using two drugs almost at one time. I have used them all through my four years' War work and since. To mix one's drugs as a rule weakens one's judgment. Professor Hempel said that *Aconite* controls and corrects the arterial circulation, whilst *Belladonna* acts in same

manner on the venous circulations. I have adopted his life-long method of alternating *Aconite* with *Belladonna* in the 3x or 6x potency in every case of chill or suspected chill, which, if not stopped, might run on into pneumonia, bronchitis, pleurisy, etc. These two drugs are given fifteen minutes apart, alternately, for some five or six doses each, then drop to two hours apart during waking hours, not being like the night nurse who woke her patients regularly to give them their sleeping medicine.

If *Aconite* has been given, or *Aconite* and *Belladonna* in alternation, the original symptoms will probably be soon replaced by a different disease picture, which calls for a remedy matching these new symptoms. A few examples will show how a subsequent medicine is selected.

*Bryonia alba* 3x, 6x or 30. *Bryonia* cures or alleviates the following symptoms: "Stitching cutting pains in various parts of the chest or lungs. Patient is irritable and fretful. Pains grow worse and at last become tearing in character. A child too young to speak will vaguely try to place its hands on the painful region. The cough is very dry and hurts acutely and, most important, the patient will try by every means to lessen the movement of the chest wall or lungs. *Bryonia* is particularly indicated in pneumonia, rheumatism, etc., if the patient is worse by movement. A sick man needing *Bryonia* lies absolutely still and as pressure relieves he lies on the painful side. Another characteristic is great thirst for large quantities of fluid, due to dryness of membranes, lips dry and parched, mouth and tongue dry, tongue coated yellow or brown. The *Bryonia*-needing patient is usually constipated and has dry stools. Phlegm raised by much coughing is very tough and stringy. The pains of the patient needing *Bryonia* are particularly of a stitching character. *Bryonia* is all-important in pleurisy and should be prescribed for the symptoms mentioned, whether there is pleurisy or not.

*Phosphorus* 6x to 30 will alleviate and cure the following very grave symptoms. The patient has high fever with a hard full pulse, expectorations are dark, blood-stained, due to dead, cast-off blood cells. This expectoration is called prune juice expectoration and it occurs in a very grave phase. The cough is hacking and weakening and there are pronounced burning sensations in many parts.

Hands and feet are uncovered continually to get cool, breathing is oppressed and laboured, mucous is purulent and profuse, cough is excited by a tickling sensation, burning heat alternates with shivering and there is a *great thirst for cold drink*. The *Phosphorus*-needing patient often vomits the cold drink as soon as it has become *warm in the stomach*. This is a leading symptom calling for *Phosphorus*. *Phosphorus* will snatch out of the jaws of death many patients who have these most grave symptoms.

For a time orthodox doctors employed *Phosphorus*, but they had not properly learned from the homœopaths how to use it. They gave *Phosphorus* in huge doses and did much mischief. Professor Schroff wrote in his *Pharmacology*, page 418: "The internal use of *Phosphorus* has been abandoned for the reason that even the most cautious employment of this drug involves danger. *Phosphorus* is no longer used except by the homœopaths and the veterinary surgeons." In the minute doses of homœopathy *Phosphorus* carries no risk whatever and is a magnificent help in cases which from the orthodox point of view are incurable.

*Antimonium tartaricum* 3x, 6x or 30. This drug is of the greatest value in cases where there is deficient reaction, and it is specially called for in the treatment of the old and the very young. The patient needing *Antimonium tartaricum* is becoming stifled with phlegm which he cannot raise. He will try to sit up in order to breathe. Attacks of coughing provoke a sensation of suffocation. Coughing is often followed by vomiting, sensations of nausea, and the expectoration is always thick and terribly difficult to bring up. The patient is always hoping that the next cough will rid him of the mucous but it does not do so and he is becoming rapidly exhausted by trying to raise the tough phlegm, which blocks the lungs and will drown the patient. Orthodox medicine gives *Antimonium tartaricum* in the usual large and dangerous doses which do infinite mischief.

Every phase of the disease must be matched with the corresponding remedy. The few examples given must suffice to show the principles by which homœopathy acts and saves those who would die under orthodox treatment. I now would give some comparative statistics, giving the mortality from pneumonia under orthodox

and homœopathic treatment. These speak for themselves and they show the great superiority of homœopathy over orthodox medicine.

### DEATH RATES IN PNEUMONIAS (Adults)

ORTHODOX	Mortality per cent.	HOMŒOPATHIC	Mortality per cent.
Sir Wm. Osler, <i>Practice of Medicine</i> , 6th edition, page 187.		Dr. E. Rodney Fiske (see <i>Journal American Institute of Homœopathy</i> , Vol. XXI, pp. 886, October, 1928: 17,669	
General Hospital rates ..	20-40	cases, 717 deaths ..	4.05
Montreal General Hospital ..	20.40	Treated purely Homœopathically ..	2.80
Charity Hospital, New Orleans ..	28.01	Mixed treatments (homœopathic plus vaccines) ..	6.20
Johns Hopkins University Hospital (whites) ..	25.00	Treated with Sera, Antibody or vaccines ..	12.20
Johns Hopkins University Hospital (blacks) ..	30.00	Homœopathy plus <i>Digitalis</i> ..	13.70
Pennsylvania Hospital ..	29.00	Hahnemann Hospital (1918-1928) Philadelphia (pure homœopathy) ..	7.00
St. Thomas' Hospital, London :		London Homœopathic Hospital ..	7.00
In 3rd decade (20-30) ..	22.00	<i>Logic of Figures</i> , p. 164, published by Boericke & Tafel, Philadelphia, data of 7 American Homœopathic Hospitals ..	4.50
In 4th decade (30-40) ..	30.80	In Dr. Hughes' <i>Principles and Practice of Homœopathy</i> , p. 552, shows the Homœopathic death rate in France rarely exceeds ..	6.00
In 5th decade (40-50) ..	47.00		
In 6th decade (50-60) ..	51.00		
In 7th decade (60-70) ..	65.00		
Professor Allbutt (Regius Professor of Medicine Cambridge University), <i>System of Medicine</i> , (10 vols.), page 136 :			
Vol. V, Hospital rate ..	25.50		
Massachusetts Board of Health (1931) average "IV classes" ..	29.50		
Dr. Blumgart "Public Lectures" Harvard series :			
"30 per cent. are sure to die" ..	30.00		
U.S. Daily News Report, Washington D.C. December 1st, 1931 ..	25.50		
Blumer Billings-Forcheimer :			
Four "class" average ..	27.40		
Class II ..	30.10		
Class III ..	45.40		
Another series ..	26.20		
"Antibody series" ..	19.90		
Without "Antibody" control ..	28.30		
<i>Medical Century</i> (N.Y.) August, 1912, average for last 32 years ..	29.50	<i>Medical Century</i> (N.Y.), August, 1912, average for last 32 years ..	3.90

## PNEUMONIAS IN CHILDREN

ORTHODOX	Mor- tality per cent.	HOMŒOPATHIC	Mor- tality per cent.
Dr. G. F. Still, <i>Diseases of Children</i> , 2nd edition, pp. 320-321. Children up to 12 years of age	45·90	Dr. J. Roberson Day, late Physician of Children at the Royal London Homœopathic Hos- pital :	
Infants, first two years of life .. .. .	64·40	Broncho-Pneumonia under two years ..	20·00
also :		Lobar-Pneumonia under two years .. ..	7·80
Dr. Voelcker's " open-air " Broncho-Pneumonias	31·50	Broncho-Pneumonia over two years .. ..	10·50
ditto " indoor treatment "	66·90	Lobar-Pneumonia over two years of age ..	3·60
ditto with Whooping cough .. .. .	50·00	(The above averages for ten years' period all at the Royal London Homœopathic Hos- pital)	

## DEATH RATES IN PNEUMONIAS (Children, continued)

The following list was presented at the International Homœopathic Congress, London, by Dr. J. R. Day. Table compiled from Dr. Emmett Holt, Orthodox Children's specialist. *Pneumonia* :

Primary to Broncho-Pneumonia .. ..	49·40
Secondary to Measles ..	62·90
Secondary to Pertussis (Whooping cough) ..	81·80
Secondary to Diphtheria	100·00
and all the following were collected by Dr. J. R. Day :	

*Acute Pneumonia* :

Hospital for Sick Children, London; Queen's Hospital for Children; Victoria Hospital for Children; East London Hospital for Children (all of London); Manchester Hospital for Children; these 5 hospitals averaged ..	24·70
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Hahnemann Homœopathic Hospital, Liverpool, England, figures given by Dr. J. R. Day at International Homœopathic Congress at London; average covering 20 years of cases, all infants and children .. .. 15·30 |

Also given by Dr. J. R. Day at same International Homœopathic Congress .

*Acute Pneumonia* — including all complications (such as opposite) .. 12·30 || This average was for the Royal London Homœopathic Hospital (ten years' average) |  |

## DEATH RATES IN PNEUMONIAS (Children, continued)

ORTHODOX	Mor- tality per cent.	HOMŒOPATHIC	Mor- tality per cent.
<i>Lobar-Pneumonia :</i>		<i>Lobar Pneumonia :</i>	
Hospital for Sick Children, and East London Hospital for Children (both London) ; Manchester Children's Hospital ; average ..	32.00	Royal London Homœopathic Hospital (ten years' average, including all complications)	7.80
<i>Broncho-Pneumonia :</i>		<i>Broncho-Pneumonia :</i>	
Hospital for Sick Children, and East London Hospital for Children (both London), and Manchester Children's Hospital ; average for these three ..	45.10	Royal London Homœopathic Hospital (ten years' average, including all complications)	20.0

Dr. J. Roberson Day was Senior Physician for " Diseases of Children " at the Royal London Homœopathic Hospital for many years, so it is to be presumed that he was thoroughly conversant with the death rates of his own and many other hospitals in Great Britain. His heart and soul was in this work, and he would not juggle any figures for any price. I have known him well for about forty years.

These figures of ADULT LOSSES are worth the study by all adults, and the Governing bodies of the nation, as well as at all hospitals, if they have the public welfare at heart. The different rates in child losses should go to the heart of every woman, indeed every parent. Won't you make the study of Homœopathy a real LIFE WORK ? and then spread the value right and left.

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